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T R E A T I S E

O N T H E

Diseases of Women ;

In which it is attempted to join a just Theory to
the most safe and approved Practice.

W I T H

A Chronological Catalogue of the Physicians, who
have written on these Diseases.

Translated from the FRENCH Original ;

Written by Dr. J. ASTRUC, Royal Professor of
Physic at *Paris*, and consulting Physician to the
King of *FRANCE*.

*In hoc gaudeo aliquid discere, ut doceam : nec me ulla res delectabit,
licet eximia sit & salutaris, quam mihi uni sciturus sim.*
Senec. Lib. I. Epist. 6.

V O L. II.

L O N D O N,

Printed for J. Nourse, Bookseller in Ordinary to his MAJESTY.

MDCCLXII.

THE

Dictionary of

Medicine

and Allied Sciences

Volume I

A

1891

London



T A B L E
OF THE
C O N T E N T S
OF THE
SECOND VOLUME.



BOOK THE SECOND.

Of the diseases of women depending on
the state of the *uterus*.

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T R E A T I S E

ON THE

Diseases of Women.



BOOK THE SECOND.

Of the diseases of women depending on
the state of the *uterus*.

CHAPTER THE FIRST.

Of the inflammation of the uterus.

§. I. DESCRIPTION AND DIFFERENCES.

EVERY part of the body is subject to repletions of blood, followed by swelling, tension, redness, heat, and pain of the place affected: and which even bring on fever, when they are very considerable. All these kinds of repletion are called in general *inflammatory tumours*; and they are distinguished, according to the degree of the disorder, into the *phlogosis*, when the accidents are slight; and *pblegmon*, or inflammation, when they are more prevalent.

As there are, besides inflammation, three other kinds of tumours, the *erysipelas*, *œdema*, and *schirrus*: inflammation may either be simple, or complicated, with some of them; which constitutes different species of inflammations; the *erysipelatous*

inflammation ; *œdematous inflammation* ; and *schirrous inflammation* ; according to the second case ; and the *phlegmon* in brief, or the *phlegmonic inflammation*, according to the first.

The *uterus* of women is subject to inflammation ; at least as much as the other parts of the body. The only difference is, that, in the inflammation of the exterior parts, there is a perceptible swelling, heat, or redness of the place affected, which characterises the disease ; whereas in the inflammation of the *uterus*, its presence is only to be inferred from symptoms that fall under the cognizance of the senses.

It is thus, that a judgment is made of the swelling and tension of this part, from the space which it occupies : from the resistance perceived there : from its heat ; and from that of the hypogastric region and *pubis* ; as also more particularly, of the *vagina* : and from the redness of the *vagina*, if the examination be carried so far ; without which it is, however, to be easily collected, from the heat only, which the patient feels in the *uterus*, by the known analagous state of exterior inflammations. As to the pain, it is but too certain, from the complaints of the patient, and from the sensibility of the body of the *uterus* when touched : and with respect to the fever, that always attends this inflammation, it is to be distinguished by the state of the pulse, as soon as it rises to any considerable degree. To these accidents, which essentially belong to the inflammation of the *uterus*, several others are commonly joined : which, although less essential, claim, nevertheless, considerable attention ; as the suppression of the *lochia*, when the inflammation happens in childbed women ; or of the *menfes*, when it happens during the time they ought to flow : heat of urine, and difficulty in making it : suppression of the *alvus*, or pain in going to stool : heartburn : hiccup : pain in the head, and especially under the eyes : heaviness : want of sleep : delirium : grinding of the teeth : convulsive motion in different parts :

parts: lowness and inequality of the pulse: coldness of the extremities: pain in the *pubis*, groins, loins, thighs, or *podex*, &c.

Though the inflammation of the *uterus* may be always of the same general nature, and is commonly attended with the same symptoms, there may, nevertheless, be distinguished some differences.

1°. With relation to the degree of the disease. Thus the inflammation, of which the accidents are slight; that is to say, which causes only swelling, tension, heat, and a moderate degree of pain; and comes without, or with but little, fever; bears only the name of *phlogosis*. While, on the contrary, the name of *phlegmon*, or *inflammation* simply, is given, when the accidents are more considerable, and the fever is acute.

2°. With relation to the extent of the disease. Thus the inflammation may sometimes spread over all the *uterus*; and it is then *universal*: which is, however, very rare: sometimes it is confined to one part of it; and it is then *partial*. This part affected, also, may vary in different cases; and be the *fundus*, or the neck; the fore part, or hind part; or the right side, or left side; of the *uterus*: which constitutes so many other differences.

3°. With relation to the quality of the disorder. Thus the inflammation of the *uterus*, as has been already said of inflammation in general, may be simple: and, in such case, retains its name, or takes that of *phlegmonic inflammation*: or it may be complicated with an *erysipelas*, *œdema*, or *schirrus* of the *uterus*; and, in that case, is called *erysipelalous*, *œdematous*, or *schirrous inflammation*.

4°. Moreover, the inflammation may occupy the internal surface, external surface, or the whole substance of the *uterus*: which forms, consequently, three other kinds of inflammation of it.

§. II. CAUSES.

I have before treated amply of the theory of in-

flammation, in the *Treatise on Tumours*. To avoid, therefore, the repetition of what I have already said, I will suppose it to be known, 1°. That inflammation is produced in general from three causes.

From the repletion of all the capillary ramifications of the blood-vessels of the part affected, whether arteries or veins; which happen to be full of blood beyond the due proportion; and this is the first degree of inflammation, or the simple *phlogosis*.

From the irruption, which part of the blood, with which the blood-vessels are replete, makes into the collateral lymphatic vessels; and this is the second degree of inflammation, or *common inflammation*.

From the extravasation of some of the blood, which is made by the laceration of the blood-vessels, or the lymphatics, and diffused in the texture of the parts; and this is the third degree of inflammation, or the *sympatric inflammation*: that is to say, such as is most commonly followed by suppuration.

2°. That these three causes of inflammation, are subservient to each other, in such manner, that repletion brings on irruption, when it is too great, or lasts too long a time; and that both produce extravasation in like circumstances.

3°. That all the theory of the causes of inflammation is necessarily reduced to fixing the causes which may give rise to the repletion of the blood-vessels: since this repletion, if it be great, or neglected, must, of course, bring on the other two causes: and these two other causes always necessarily suppose it.

In applying these principles to the inflammation of the *uterus*, it is easy to infer, 1°. That this particular inflammation must admit, in the same manner, for its cause, either the repletion of the capillary ramifications of the blood-vessels of the *uterus*; or the irruption of some part of the blood, which passes from the replete blood-vessels into the lymphatic vessels, that spring from them; or, lastly, the extravasation of the blood, which is made in the texture of the *uterus*, by the laceration of the blood-vessels or lymphatics.

2°. That

2°. That the two last of these causes depend always on the first; and are necessary consequences of it: and that, therefore, to explain the causes of the inflammation of the *uterus*, nothing further is requisite, than to explore the causes, which may there produce in the vessels considerable repletions of blood.

For, when the question is reduced to this state of it, the simple knowledge of the œconomy of nature in the circulation, suffices to bring us to the conclusion, that these kinds of repletions may happen from one of the three following causes:

Either because the blood is carried into the *uterus* in a greater quantity than usual.

Or, because the blood returns from those vessels in a less quantity than usual.

Or, in conjoining these two first causes, because that, on the one hand, the blood is carried into these vessels in a greater quantity than usual; and, on the other, it returns at the same time, in a less quantity than usual.

There are then three principal classes, which include all the causes of the inflammation of the *uterus*; and nothing more remains wanting in order to the thorough elucidation of this theory, than to enumerate the particular causes.

I. Class. The blood is carried into the *uterus* in a greater quantity than usual, when that which ought to flow towards the neighbouring parts, is compelled to turn from them, and throw itself upon the *uterus*; which happens,

1°. Every time that the parts, which border on the *uterus*, are themselves already inflamed; and thence not in a condition to receive all the blood which comes to them. It is, in consequence of this, that the inflammation of the *uterus* follows from the inflammation of the bladder, intestines, hæmorrhoids, &c.

2°. Every time, that the parts bordering on the *uterus*, are strongly pressed to such a degree, that the circulation of blood, is either intercepted, or re-

tarded: it is thence, that the inflammation of the *uterus* is sometimes occasioned by efforts of vomiting, too strong, or too often repeated; by purgings, or *hypercatarsis*, accompanied with gripes and *tenesmus*; by violent, long, and frequent coughs; &c.

II. *Class*. The blood returns from the vessels of the *uterus* in less quantity than usual, when the uterine veins, by which it ought to come back, either suffer a strangulation, or are compressed; and have their natural cavity contracted from one, or other of these causes:

1°. The uterine veins suffer a strangulation from all the causes, which may put the fibres of the *uterus* into a violent and continued, or, at least, very frequent *erethismus*; and these causes are in very great number. For example:

Every thing, which occasions a suppression of the *menfes*; as any sudden cold, unexpected fright, or violent grief; or the improper use of pessaries, or astringent injections.

Every thing which causes too strong a tonic contraction in the *uterus*; as the excess of the act of venery, when the *uterus* is already diseased; or the use of injections that are too stimulating.

Every thing which irritates the interior part of the *uterus*; as acrid injections; or the *pus* of an after-birth, or *fætus*, which suppurates in the cavity of the *uterus*.

Every thing which tears, wounds, or bruises the substance of the *uterus*; as all the condemnable methods of procuring abortion; a too long, or hard, labour; the violent extraction of the *fætus*, or the *placenta*; a stroke of the nail of the person, who performs the office of midwife; any hurt with the instruments that are necessary to be used in præternatural deliveries; any wound of the *abdomen*, which may reach to the *uterus*; or any violent blow which extends its effects to that part; &c.

2°. The uterine veins are compressed by the swelling and induration of the vessels which are contiguous.

Such

Such as the lactiferous vessels of the *uterus*, enlarged by the inspissation of the milky humour, which accumulates and grows hard there.

Such as tubercles, which are formed in the glands, or the lymphatic vessels, by the thickening of the lymph, that stagnates there.

Such as schirrusses; or the schirrous knots, which breed in different parts of the *uterus*, from the causes, which will be explained below, Chap. V.

It is proper to observe, that, as these different obstacles, which may compress the uterine veins, are only formed gradually, it is rare, that they ever of themselves bring on an inflammation of the *uterus*; which is always a sudden repletion; and supposes a sudden cause. But these accidents may be sufficient to give rise to inflammation, when they concur with any of the beforementioned causes, of which the effect may prove to be augmented by them.

III. Class. The blood, on one hand, passes in a greater quantity than usual, into the vessels of the *uterus*; and, on the other, returns, at the same time, in a less quantity than usual from them, when it happens, that any of the causes of the first class concur with any of those of the other: and this concurrence, which may, and often does, happen, occasions the inflammation, that the *uterus* may then have, to be so much the greater, in proportion to the number, and the degree of power of the causes, which concur.

The causes, which we have just explained, may alone produce inflammation, and do produce it often. But they produce it more certainly, in a greater degree, and with more danger, when they combine with any of the antecedent dispositions, that augment their power; or which dispose the *uterus* to be more affected by them.

These antecedent dispositions are of two kinds; the one universal, and dependent on the quantity and state of the blood: the other partial, and relative only to the particular state of the *uterus* and its vessels.

The general antecedent dispositions are a *plethora*, or too great abundance of blood; the rarefaction of it, or its disposition to rarefy, which is equivalent to a *plethora*; to which ought to be added the too great use of wine; spirituous liquors; chocolate; and coffee: immoderate waking: violent passions; such as anger: too strong exercise: excessive hot seasons: &c: because all these causes either introduce a too great rarefaction into the blood; or beat it, and make it circulate with too much impetuosity.

The local, or particular antecedent dispositions, are, natural laxity, or want of due tone in the texture of the *uterus*, which occasions its failing of power, to press out the blood; obstructions; schirous stagnations; schirruses of the *uterus*, or of some of its parts, which turn the course of the blood; the varicous dilatation of the vessels, which facilitates the stagnations; the particular defect of some part of the *uterus*, which may happen to be bruised, torn, ulcerated; &c; so that the blood can scarcely circulate with freedom.

It is only by weighing the nature and degree of each of these dispositions: and by duly considering the combinations they may have, with the different causes of inflammation of the *uterus*, that we can approach to a just estimation of the degree of inflammation; and that we are enabled to treat of the danger that attends it, and of the consequences, against which precautions are to be taken.

§. III. *Explanation of the differences.*

I. Difference. The greatness of the inflammation of the *uterus*, depends on two causes; on the degree of power of the causes which produce it; and on the degree of the antecedent dispositions, which prepare the *uterus* for it. When these two causes concur, and are in the highest degree, the inflammation is great, and becomes a true *phlegmon*. When either of them is in the most minute degree, the inflammation

flammation is only middling; but it is yet intitled to the name of *inflammation*: it is, however, only a simple *phlogosis*, when both are, at the same time, only in a less degree, and that they can only bring on a very slight repletion of blood.

II. Difference. The place, the inflammation occupies in the *uterus*, depends on the manner in which the causes of such inflammation affect it: and this manner may vary in different ways, by different fortuitous accidents. But what most of all contributes to occasion certain places of the *uterus* to be more liable to be affected than others, are particular dispositions, or anterior changes, which may be in it; and which occasion, that these places are more exposed than the others to the action of the causes.

III. Difference. As there are, besides inflammation, three other kinds of principal tumours, *œdema*, *erysipelas*, and *schirrus*, there must result particular combinations from the concurrence of each of these tumours with the inflammation of the *uterus*. Thus, when the repletion of the blood-vessels, which constitutes inflammation, is joined to that of the lymphatic vessels, which makes an *œdema*, the inflammation of the *uterus* is *œdematous*; and that usually happens when the blood is very ferous. It is *erysipetalous*, when it possesses only the internal, or external coat of the *uterus*, which depends on the place, where the causes of resistance of the blood are situate, that turn the course of the circulation; and when it is produced by an acrid and effervescent blood, which is the effect of the habit of the *uterus*. When the inflammation is attended with indurated lumps, any tubercle, or any *schirrus*, which becomes perceptible, and continues after the resolution, the inflammation bears the name of *schirrous inflammation*: but it is purely *phlegmonic*, when it depends on the repletion alone of the blood-vessels; and on the repletion of all those, that are distributed in the whole thickness of the substance of the *uterus*.

IV. Difference. The inflammation possesses the internal surface of the *uterus*, when it is occasioned by the faultiness of the lactiferous vessels, or of the venous *appendices*, that are placed there, or caused by the lacerating, cutting, exulceration, or irritation, of the interior part of the *uterus*: and this is the most common kind of inflammation. It possesses the external surface of the *uterus*, when it comes from any wound, blow, or bruise; which affects the outside of it. To conclude, it possesses all the thickness of its substance, when the *uterus* is attacked on both sides at the same time; which, however, seldom happens: or where it is so violently attacked on one side, that the inflammation extends itself throughout the whole thickness; which is more frequent.

IV. SYMPTOMS.

1°. Tumour, tension, and resistance in the body of the *uterus*, are the necessary effects of the enlargement of the replete vessels; and from thence it results, that these accidents are always in proportion to the number of vessels enlarged, and to the greatness of their enlargement.

2°. The suppression of the *lochia* in childbed women, and of that of the *menfes* in women who actually have them; are consequences likewise of the distension of the *uterus*: which, by compressing the orifices of the lactiferous vessels, and the venous *appendices*, stop the course of the blood, and of the milky humour which flows from them. When all the *uterus* is inflamed, and to a considerable degree, these suppressions are *total*: but they are *imperfect*, when the inflammation is more moderate, or only partial.

3°. The pain of the *uterus* depends also on the distension that rends, elongates, drags, and compresses the nervous fibres; which constitutes pain. The concussions, which these fibres receive from the beating of the arteries, increase still more the pain; even so as to render it sometimes very cutting.

cutting. As in this state, the least exterior comprefsure of the *uterus* extends its effects to the nervous fibres, so as even to cause a great aggravation of the pain, it leaves no room to wonder at the extreme sensibility of this part.

4°. This pain of the *uterus* is ascribed, by the persons affected, to different places of the *abdomen*, according to the greater or less proximity of those places, with the seat of the inflammation; or according to the greater or less communication, which these places have with the inflamed part of the *uterus*; either by blood-vessels; the ligaments of the *uterus*; or the expansions of the *peritonæum*, which are fixed to the sides of it. On this account, persons affected complain of pain in the loins, when the inflammation is seated in the fore-part of the *fundus* of the *uterus*; in the navel, when the inflammation is seated in the hind-part of the same *fundus*; in the *pubis* or the *anus*, when the inflammation is in the neck of the womb; and in either of the groins, when the inflammation is in either of the lateral parts of the *uterus*, from whence the round ligaments spring.

5°. Heat, and redness, are inseparable from the inflammation of the *uterus*: because they are natural consequences of the repletion of blood, which makes the inflammation. The more the blood, which is hot and red in its nature, stagnates in any part, the more the heat and redness of such part must be increased by it. The force, and frequency, of the beating of the arteries in the part inflamed, increase yet more the heat and redness, by breaking and attenuating the blood; which renders it more red, and hot.

6°. Fever is another essential accident of inflammation of the *uterus*. Sometimes it precedes the inflammation, and contributes to produce it; and sometimes it depends on the same cause, which produces the inflammation: but when these circumstances fail, at least, it always succeeds the inflammation, however inconsiderable it may be: because the

disorder alone, which the inflammatory repletion makes in the œconomy of the circulation, must bring it on, even independently of the other circumstances which may conduce to it.

7°. It is rare, that the fever, which attends the inflammation of the *uterus*, is without the head-ach: and that sometimes in a great degree. Because the blood, which the fever rarefies, and which can scarce pass on in the iliac arteries, on account of the tumefaction of the *uterus* which compresses them, must be carried more abundantly towards the superior branches of the *aorta*; and, consequently, into the arteries of the brain; which must cause, in that part, a heaviness, or a painful distension.

8°. The persons affected fall into a dosing, or *coma somnulentum*; which happens when they are plethoric; when the blood is thick, or that it is very much rarefied by the ardency of the fever; and when the enlargement of the body of the *uterus*, by strongly compressing the iliac arteries, turns the greatest part of the blood from them into the upper branches of the *aorta*, and thence into the brain.

9°. At other times, the persons affected are in a continual state of waking; which happens when the blood is less abundant, less thick, and less rarefied; when the volume of the *uterus* is less enlarged, and compresses less strongly the iliac arteries; and when, moreover, the pain of the *uterus* is acute, and keeps the spirits agitated, and the fibres stretched in the brain.

10°. *Delirium* conjoins itself often with one or other of these states, for reasons that will be explained in the Treatise on Diseases of the head. In the first case, the *coma somnulentum* becomes *coma vigilæ*: in the second, the disposition to waking becomes the beginning of phrensy, and sometimes an absolute phrensy.

11°. The tongue is always dry in the inflammation of the *uterus*; because it is deprived of moisture, both by the heat of the fever, and the air that is breath-

breathed. But it is exceeding dry when the head is disordered; because then the burning heat, which is communicated from the brain to the palate, desiccates the tongue, and hardens it more. The dryness manifests itself always most particularly in the middle of the tongue; because that is the place the most exposed to the action of the causes which produce it; and the most out of the reach of that small share of moisture the salival ducts might furnish.

12°. The tongue, besides being dry in the inflammation of the *uterus*, is also covered with a slimy foulness, which renders it clammy. This foulness is produced by the mucous humour, filtered in the glands of the gums, and of the tongue itself, which the heat of the fever inspissates on its surface. It frequently happens, that this foulness becomes black, when it is dried to a certain degree; or when it has contracted the tinge of some medicine, that has been taken.

13°. The inflammation of the *uterus* communicates itself progressively to the neighbouring parts; which brings on new accidents. Thus, if the neck of the *uterus* be inflamed in its anterior part, the inflammation, or, at least, the *phlogosis*, is extended to the *vagina*, and the *urethra*; which occasions the patients to have a difficulty in making water, and to void it only drop by drop, during which time, they suffer a burning sensation. The strangury and dysfury may also arise in this case from the acrimony and the heat, which the urine acquires in the bladder, from the inflammation of the *uterus*; or even from the sympathetic contraction, which it causes in the sphincter of the bladder.

14°. In the same manner, when the posterior part of the *uterus*, or, at least, of its neck, is inflamed, the inflammation communicates itself to the *rectum* that borders on it; which suppresses the stools, or renders them painful. These accidents may come, likewise, from too great dryness of the fecal matter, caused by the heat of the *uterus*; or by the sympathetic

thetic contraction, that the inflammation of it causes in the sphincter of the *anus*.

15°. What has been just said, may make it understood, that the *uterus* has sympathetic relations with several parts of the body: but it will also appear below, in the last chapter of this book, where the *hysteric passion* is treated of, that it has such with almost all the parts.

It is in consequence of these sympathetic relations, that the impressions, which are made on the *uterus*, cause in different places, by a mechanism that we have explained elsewhere, convulsive contractions more or less strong, and more or less continual. To this cause must be imputed, the convulsive stricture that affects the motion of the heart, prevents its dilating with the usual freedom, and occasions, that the pulse, instead of being full, strong, and open, as the state of the fever requires, remains low, hard, and confined in the inflammation of the *uterus*, in the same manner as in all other inflammations of the *viscera* of the *abdomen*; which contributes much to the frequent fainting fits, into which these patients fall.

16°. As in this state of the pulse the blood does not pass out of the heart, but with difficulty, and in small quantity, there is not enough carried to the extremities of the body to support in them the natural heat. The patients must, therefore, have their feet, hands, and face, cold, whatever heat they may feel in the inflamed *uterus*, and the parts of the *abdomen* that are contiguous to it. This state of coldness of the extremities, at the same time the interior parts are, as it were, on fire, joined to the smallness and confinedness of the pulse, constitutes that particular kind of fever, which attends always great inflammations of the *viscera*; and which bears in Greek the name of *lipyric* fever.

17°. It is, moreover, to similar sympathetic effects, but which relate to other parts, must be imputed the hiccups; *cardialgia*, or pain of the heart; nausea; and vomitings; which afflict the patients in the inflam-

inflammation of the *uterus*. The hiccup and the *cardialgia*, arise from the contraction, and the *erithismus* of the superior orifice of the stomach: the nauseas, and the vomitings, from that of the bottom, and of almost all the cavity of this *viscus*.

18°. It is, in the same manner, from the sympathetic contraction, which the pain of the *uterus* brings on in the anterior part of the *dura mater*; and perhaps in the parts of the *pericranium* that cloath the forehead, and the bottom of the orbits of the eyes, must be deduced, the particular and circumscribed pain of the head, which the patients feel, from the inflammation of the *uterus*, in the anterior part of the head, *in sincipite*; and refer particularly to the bottom of the eyes *ad radices oculorum*; which, according to what they feel, seems to drag them towards the inside of the head.

19°. Finally, it is to similar effects, must be imputed, also, the convulsive tremblings of the tendons of the wrists, and sometimes even of the hands; the spasmodic motion of the lower jaw, which produces the grinding and snapping of the teeth; or the convulsion, or spasmodic motion of the diaphragm, which stops or hurries respiration, and which makes the patients laugh or cry involuntarily; the convulsion of the muscles of the *larynx*, and even those of the *pharynx*, which causes an involuntary contraction in the head of the *trachea*, and in the upper part of the *œsophagus*, and which makes the difficulty of respiration and deglutition; and, in short, the convulsions, or convulsive motions of several other parts of the body. But these kinds of sympathetic motions will be particularly explained below, in the thirteenth chapter, where the *hysteric passion*, to which they belong, will be treated of.

§. V. DIAGNOSTIC.

I. The inflammation of the *uterus* is easy to be known; and distinguished from all the other diseases that have any similarity with it.

1°. It

1°. It resembles the *schirrus*, and the dropfy of the *uterus*, and even simple pregnancy, if we were only to judge by the increase of the volume of the *uterus*: but it differs from them manifestly by the pain, heat, and fever, which are essential to the inflammation of the *uterus*; and which are wanting in those three other diseases. It differs from them, also, in the quickness, with which the disorder begins and augments; that does not happen in the same manner in the other three diseases.

2°. It resembles, likewise, the inflammation of the bladder, or of the *rectum*; if we were only to judge by the pain, heat, and fever, which are common to all these inflammations: but it differs from them by the seat of the pain, which is correspondent to the situation of each part; by the greatness of the swelling, which is more considerable when the *uterus* is inflamed; by the state of the exterior parts of generation, and especially of the *vagina*, and the mouth of the *uterus*, which partake of the inflammation, when it has its seat in the *uterus*; and, moreover, by the circumstances attendant on the voiding the urine and excrement; for they either are not voided at all, or with an extreme degree of pain, in the inflammation of the bladder, or the *rectum*; whereas, they are voided without pain, or with less, in the inflammation of the *uterus*.

II. There are criterions sufficiently certain, to determine on the different kinds of inflammation of the *uterus*.

1°. The degree of inflammation may be judged of by the violence of the symptoms. Thus it is only a *phlogosis*, when the pain, tumour, renitence, heat, and fever, are moderate. But it is a *real inflammation*, when these symptoms are violent.

2°. The extent and seat of the inflammation are to be known by the following signs.

If the heat seem to be in the *pubis*, and there be difficulty and pain in making water, the inflammation is situate at the interior part of the neck of the *uterus*.

If

If the pain seem to be in the loins, the seat of the disorder is in the posterior part of the *fundus* of the *uterus*; and, on the other hand, it is in the anterior part, if the pain seem to be towards the navel.

If the pain seem to be in either of the groins, or either of the hips or thighs, the seat of the inflammation is in the lateral part of the *uterus* on the same side.

If the pain seem to be in the *vagina*; and that, on introducing the finger, the mouth of the *uterus* feels hard, resisting, and hot, it is a criterion, that the inflammation is situate in that place.

Finally, if the pain, tension, and resistance spread over all the circumference of the *uterus*, and the swelling be very great, there can be no room to doubt, but that the *uterus* is affected throughout the whole extent of its volume, although it may not be so every where, in the same degree.

3°. The particular nature of the inflammation may be conjectured from the circumstances which attend it.

It is phlegmonic, when the tumour, tension, pain, heat, and fever, are great.

It is erysipelatous, when the pain, sensibility, heat, and fever, are extreme, although the tumour be little, or at most of a middling magnitude.

It is oedematous, when the tumour is large, but soft; and the pain, sensibility, heat, and fever, are slight.

To conclude, it is schirrous, when the tumour is hard, and resisting, but without much heat, pain, or fever.

It is not of much consequence, generally, to know what have been the causes of the inflammation under cure. Nevertheless, if that should appear material, there are different means of ascertaining this point.

By the known habit of the patients; sanguine, plethoric, bilious, &c.

By the prior state of the *uterus*; relaxed, cold, bruised in a difficult delivery, subject to repletions,

full of obstructions, schirrous, lacerated, cut, ulcerated, &c.

By the circumstances under which the disease is come on; during the discharge of the *menfes*; or of the *lochia*; on account of the unforeseen suppression of the one or the other of these evacuations; in consequence of a miscarriage, or of a delivery long, difficult, hard, &c.

By the history of the whole that has preceded the disease; the regimen that has been observed; the excess that has been gone into; the sudden cold that has been suffered; the blows or the bruises that the *uterus* has received; &c.

§. VI. PROGNOSTIC.

I. The inflammation of an internal part so sensible as the *uterus*, is, from its nature, very dangerous; and almost always mortal.

II. The danger that attends it may, nevertheless, vary, according to many different circumstances; to enumerate which is almost sufficient.

1°. According to the degree of the inflammatory repletion. Thus the inflammation, properly so called, or the *phlegmon*, which supposes a considerable repletion, is more dangerous than the *phlogosis*, that only supposes one more slight.

2°. According to the extent of the inflammation. Thus when it possesses all the body of the *uterus*, or at least the greatest part, it leaves little or no room for hopes. The prospect is less unfavourable, when the inflammation possesses only a moderate portion of the *uterus*; particularly if it be towards the inferior part, or the neck of the *uterus*; where remedies may be applied with convenience enough, and provision easily made for the consequences of the disorder.

3°. According to the violence of the accidents. As there may be ground of hopes, when the accidents are slight, and few in number. But the patient must be considered as almost without resource, when she suffers violent pain, which throws her into continual agitations;

agitations; especially, if *insomnia*, *delirium*, or dozing, accompanies the case; and that the patient falls into frequent fainting fits.

4°. According to the nature of the fever. As the danger is moderate, when the fever is moderate, without paroxysms, or with only such as are slight: greater when the fever is burning, and accompanied with long and violent paroxysms: and excessive, when the pulse is concentrated, the extremities become cold, and the fever takes the character of *typhoid*.

5°. According to the state of the *uterus*. As when the inflammation falls on the *uterus* at the time it is sound, firm, intire, and has suffered neither bruising nor dilaceration, the consequences are less dangerous. It is, on the contrary, almost always fatal, when it comes upon an *uterus* bruised, scratched, dilacerated, ulcerated, obstructed, or schirrous; or after miscarriages, or a long, painful, or hard labour.

6°. According to the quality of the inflammation. As the danger is very great, when the inflammation of the *uterus* is erysipelatous: not so much so when it is phlegmonic: but still less when it is cedematous, or schirrous.

III. The inflammation of the *uterus* terminates in four different manners.

1°. By resolution, when the blood, obstructed in the blood-vessels or lymphatics, resumes its ordinary course; and that which is extravasated, is reabsorbed gradually, by the lymphatics. This way is the most favourable of all, because the cure is complete, when the resolution is intire. It is scarcely to be expected before the seventh or tenth day of the disease: but it is to be hoped for, with confidence, when the inflammation is moderate, of little extent, and slightly painful; tending more to the *phlogosis*, or the *edema*, than to the *phlegmon*, or the *erysipelas*: when it is accompanied with little fever, and slight paroxysms: when there is free passage for the stool and urine: and when the disease has been the subject of medical care from

the beginning; and the use of bleeding has not been neglected.

2°. By gangrene: which is almost always mortal, as will be shewn in the next chapter. A gangrene is to be feared, when the inflammation is erysipelatous, or phlegmonic: when it is great, painful, and extensive: when it is accompanied by a burning fever, with great paroxysms: when it happens in the case of an *uterus* already diseased, schirrous, ulcerated, lacerated, bruised, or weakned, by a hard labour: when there has been a neglect of trying proper remedies early, &c. The time of the disease most liable to mortification, is always from the most high degree of inflammation, to that in which there are certain marks of resolution and suppuration: which comprehends the interval from the fourth day, to the tenth or twelfth.

3°. By suppuration, which changes the nature of the blood stagnated in the vessels, or extravasated in the substance of the part; and converts it into *pus* that forms an abscess or apostem in the thickness of the coats, of which the consequences are always bad, and sometimes dangerous; as will be shewn in the sequel. As suppuration is the middle state betwixt resolution and gangrene, it happens also, in the middling circumstances, betwixt those which produce resolution and those which bring on gangrene; that is to say, suppuration may be expected, when the inflammation is great, but not extreme; phlegmonic, without being erysipelatous; attended with fever sufficiently strong, without being either too ardent or *lypyric*; comes in an *uterus*, either in a sound state, or moderately deviating from it; and has in the beginning been carelessly treated, without being wholly neglected. There must be time to attenuate and break the blood that stagnates in the inflammation, and to convert it into *pus*. Wherefore the suppuration scarcely ever begins till after the seventh day of the disease; and sometimes it is not yet intirely manifested till the twelfth or fourteenth.

4°. By *schirrus*, or schirrous induration; which leaves the *uterus* in a diseased state, obstinate, difficult to be cured, and subject to very bad consequences, that will be treated of below. *Schirrus* never succeeds inflammation, but when there have been previously, in the *uterus*, obstructions, glandular tumours, tubercles, or schirrous tumours, which have conduced to bring on the inflammation; and which have been increased, during the inflammation, by the same causes that produced it; and which shew themselves at last when it is dissipated by resolution.

§. VII. *Method of cure.*

There are three principal intentions, that should be proposed in the treatment of the inflammation of the *uterus*.

1°. To put a stop to the progress of the repletion in the vessels; to diminish that which is already made; and, by this means, to prevent the progress of the inflammation; and mitigate the violence of that which already subsists.

2°. To relax the constringed fibres of the *uterus*; to diminish, or wholly to remove the strangulation of the capillary ramifications of the vessels; and to prevent the course of the circulation from being at all turned, or cause it to be so only in a less degree.

3°. To quiet, or mitigate, the pain which aggravates all the accidents; and which is the principal cause of the *erethismus*, or constriction of the fibres of the *uterus*.

I. The first of these intentions is the most urgent, and the most consequential. It is only to be effected by bleeding in the arm; which must be repeated several times, quickly; as long as the condition of the patients will admit of it; and copiously, especially in the beginning.

It is not possible to fix the number, or the proportion of the bleedings, which it may be proper to order in the inflammation of the *uterus*; because they must be varied according to the degree of the disorder,

der, and the habit and strength of the patients. But in general, they should be repeated, in the two first days, six, seven, or eight times; and the three or four first should be eight *palettes*^a each.

The smallness of the pulse, and the coldness of the extremities, that happen in the inflammation of the *uterus*, and which are the common accidents that constitute the *lipyric* fever, should not be any check to the use of bleeding, when it is otherways strongly indicated. Only there must, in this case, be given some mild cordials, such as those which will be proposed below, mixt with slight narcotics, to revive on one hand the pulse, and to mitigate, on the other, the acuteness of the pain, which supports this state of languor.

The ancients had recourse, in the inflammation of the *uterus*, to frictions, cuppings, and ligatures, as aids which might be substituted for bleeding: but these remedies are out of use at present; because their inefficacy has been discovered. Frictions may, nevertheless, be sometimes admitted, to comply with the importunity of the women; provided they be made on the extremities of the upper parts; and when the patient appears too weak to bear bleeding, cupping may also be employed; provided it be performed on the shoulders, or under the breasts. But as to ligatures, they are injurious in all cases; and ought to be wholly prohibited.

II. There are several ways of effecting the second intention: and consequently those may be selected, which are judged to be most agreeable to the particular circumstances that occur; or, if it be approved of, they may all be tried successively, according to the exigence.

A copious draught of an emollient and cooling ptisan; such as the decoction of the yellow mallow, and water lily; or chicken water, simple, or made into an emulsion. Emulsions made with the cold seeds, sparingly used; and boiled, and strained through a double linnen; syrup of orgeat mixt with water; very weak limonade; &c.

^a *Palette* is a small porringer, containing from three ounces and a half of blood to four ounces, according to its various specific gravity.

2°. A copious use of oil of sweet almonds, drawn without fire, and mixt with syrurp of yellow mallows, red poppies, or lemons. From three to six ounces of the oil may be given during the three first days. Generally, only half the quantity of syrurp is added. Sometimes this quantity of oil is given in one or two doses, in the intervals of the broths, when it is desired to open the belly: at others, it is given in little doses, during the whole day.

3°. Frequent cooling and anodyne glysters, with the decoction of the roots of the yellow mallow and water lily; of the leaves of mallow, violets, lettuce, garden nightshade, &c; of flowers of mallow, violets, mullein, line, and white poppies; to which are added, one or two ounces of oil of roses, or simple oil of sweet almonds, drawn without fire.

Or with broth of tripes, whey, or chicken water made into an emulsion; or weak emulsions boiled and strained; to which are added, half an ounce of syrurp of white poppies, and an ounce of syrurp of water lily.

4°. Injections in the *vagina*, and even in the *uterus*. To this end is employed the decoction of the leaves of yellow mallow, water lily, mallow, *acanthus*, garden nightshade, &c; or goat's milk, skimmed, and mixt with an equal quantity of rose water, or clarified whey; in which some chives of saffron has been infused; or half a grain of laudanum dissolved; or otherwise, with mucilages of linseed, or of the seed of psyllium, drawn with rose water; to which is added the third of the white of an egg, beaten till it be perfectly fluid.

When the injections enter only into the *vagina*, they have but little effect on the *uterus*: and, moreover, soon come away. These injections, nevertheless, must suffice, when the inflammation is at the neck of the *uterus*, and the orifice consequently closed. But when it is free, and can receive the end of the *cannula*, endeavour must be made to throw the injection into the cavity of the *uterus*, in order to render it more efficacious. It is true, there must, in

this case, be much dexterity used, to introduce the *cannula*, without hurting the orifice of the *uterus*; and great care must be taken to throw in the injection very gently, for fear of injuring the *uterus*.

5°. Cataplasms applied on the *pubis*, or over all the hypogastric region, made with the pulp of emollient herbs; such as the mallow, yellow mallow, *acanthus*, purslain, lettuce, garden nightshade, henbane, &c; to which is added, oil of roses: or with crumb of bread, milk, and the juice of henbane, or of garden nightshade, boiled together; or with rice boiled in milk, with linseed, and thinned by the addition of some spoonfuls of oil of roses.

6°. Emollient fomentations, with a strong decoction of the emollient herbs, just before mentioned; or with warm milk; which it is requisite to use on the *pubis*, and on the hypogastric region, in the place of cataplasms, when the sensibility of the *uterus* is so great, that the patient cannot endure their weight.

7°. Embrocations, which it is even necessary sometimes to substitute for fomentations, when the inflammation is very great; and fomentations give pain to the patient. These embrocations are made with oil of sweet almonds, or oil of roses; to which is added a little ointment of marsh-mallows, or a few drops of vinegar. Sometimes it is thought sufficient, to apply only a piece of linnen, spread with the ointment of Galen.

8°. Lastly, pessaries, which are made with the pulps of the emollient herbs, proposed before for the cataplasms. This pulp is inclosed in a clean piece of linnen, and introduced into the *vagina* of women, not virgins; but with regard to virgins, it suffices to apply it on the *vulva*, in the form of a cataplasm.

III. To fulfil the third intention, recourse must be had;

1°. To the use of the relaxing and anodyne topics, which have been proposed for the second intention; and the use of them must be persisted in without remission,

mission, till the part is freed from the tension; by which means a diminution of the pain is procured.

2°. To the use of narcotics, which become necessary, when simple relaxants are not found sufficient. The narcotics used on this occasion are, the decoction of the heads of the white poppy; the syrup of diacodium, or the white poppy; laudanum; the anodyne tincture; pills of hounds-tongue, &c. They are mixed with ptisans, glysters, injections, &c; or administered separately. But they are given only in very little doses; which are repeated from four hours to four hours, or from five hours to five hours; in such manner, that the quieting, or, at least, mitigating the acuteness of the pain, may be brought about, without throwing the patients into a dosing state. It is needless to caution, that these medicines should not be given when the patients are already in such a state; or shew a strong disposition towards it.

General precautions to be observed in the treatment of the inflammation of the uterus.

1°. The patients must be kept in bed in the most still manner possible, lying on their back with their legs a little asunder, and their knees bent; and retained in that state by bolsters: because, in this situation, the *uterus* is the most free. It is advantageous to make the patients lie on mattresses of hair; because they heat less than those made of wool; but at least it is proper to put under them skins of goats leather, that should be changed from time to time, to moderate the burning heat of the loins. Recourse must even be often had to a plaster of the cerate of Galen, prepared with vinegar, and spread upon linnen; which should be applied on the small of the back, and renewed from time to time. Moreover, silence, and ease of mind, must be recommended to the patient; as these circumstances are very necessary for the cure.

2°. The

2°. The patients should be nourished with very weak broths, made with veal and chicken; or what is more proper, they should be confined to simple chicken water. It would be still better to boil in these broths or water, some cooling plants; as lettuce, endive, borage, sorrel, or a small bag-full of melon seeds, hulked and bruised; unless the reducing them to the form of an emulsion, by passing them through a paste of the cold seeds, should be preferred. However strict this regimen may appear, and however weak the patient may be, it should be invariably observed, for the first four or five days. The broths may afterwards, if there seem to be occasion, be made a little stronger, by putting into them some veal or a fowl; but there should not be any beef allowed, till there be certain proof, that the resolution is begun; and it would then be even yet better, at least for the first days, to be satisfied with adding a little boiled rice to the broth, without making any other change.

3°. It is necessary to preserve the due passage of the urine, by the use of cooling diuretics, which are antiphlogistics; and consequently proper to moderate the ardour of the fever, and of the inflammation. Such are purified nitre, *sal prunellæ*, or the *sal sedativus* of Homberg, in the dose of half a dram in each pint of ptisan; but care must be taken never to employ hot diuretics, which would increase the fever, and inflammation.

4°. When the pulse grows weak, endeavour must be made to reanimate it, by mild cordials; which are diaphoretic, and proper to excite a breathing sweat, that relaxes the constringed parts. Such is a potion compounded of the water of *carduus benedictus*, scabious, and meadow sweet; to which is added, a dram of the *confectio-hyacinthi*, or *alkermes*, and a spoonful or two of orange flower water, or barley cinnamon water. There may be even super-added, if it be thought proper, some drops of anodyne tincture; supposing narcotics are not given in any other form;

form; and even some drops of *lilium*, or some grains of volatile salt of vipers. But, nevertheless, there must be great circumspection in the use of these cordials, of so heating a nature; for fear they augment the fever and inflammation, and become more hurtful than serviceable.

5°. After the first days, when the vessels are freed from the constriction, by a sufficient number of bleedings, and the pain of the inflammation begins to subside, means must be used to empty the first passages, by apozems made of softening and emollient herbs; as borage, lettuce, endive, succory, &c; to which is added, an ounce of manna, or of pulp of cassia, to every dose; and of which there should be taken two or three doses, at two or three hours interval; or a *dilutum* of cassia, by two or three glasses of whey, may also be used beneficially. These slight minoratives are the only means to surmount, or, at least, to diminish, the paroxysms, which make the greatest danger of the disease; as they threaten the *uterus* with a fresh repletion, when they are great.

6°. If any beginning of resolution be perceived, which may be distinguished by the diminution of the tension, and of the sensibility of the hypogastric region, some slight resolvents may be begun to be employed, in order to promote it. In this view, may be added to the injections, cataplasms, &c. fenugreek seed, or the leaves of mugwort, feverfew, or pennyroyal, which must be slightly boiled with the other emollient herbs; or at least the flowers of camomile, or melilot.

7°. When the resolution is perfect, or much advanced, the patient should take, for some days, twice in the day, that is, in the morning and evening, broth, or apozems, in which is boiled, leaves of harts-tongue, pimpernel, agrimony, or strawberry; and to each of which is added, half a dram of the *sal mirabile Glauberi*. It is proper, also, to purge the patient a little more effectively, with the decoction of tamarinds; the vegetable salt; and cassia, or manna;

to which may be even added, some follicules of fœna, if there be occasion.

8°. Finally, if there come on any discharge of either a red or white colour, in the course, or at the end of the inflammation of the *uterus*, far from being solicitous to put a stop to it, such discharge should be considered as a resource that nature makes use of to unload the *uterus*; and should be suffered to go on; at least if it do not continue too long a time after the total resolution of the inflammation; in which case endeavours must be used to stop it, by the remedies that have been proposed above, in speaking of these diseases.

Practice proposed by some authors, but bad, or suspected.

I. Opinion has been a long time divided, with relation to the place where it is proper to bleed in the inflammation of the *uterus*. Galen, in two of his works ¹, has plainly decided for the bleeding in the ham, *ex poplite*; or, in every case, for that of the ankle, *ex malleola*; in preference to bleeding in the arm, *ex cubitu*: in which he is, perhaps, not very consistent with himself; for he seems elsewhere ² to decide otherwise. Oribasius ³, Paul Æginetus ⁴, and Ætius ⁵, on the contrary, order only bleeding in the arm. But Avicenna ⁶, and the croud of authors who have written since him; Arnoldus Villanovus ⁷, who followed Galen, being excepted; have endeavoured to reconcile the two opinions, by advising the bleeding in the arm, in the beginning of the disease; and that in the foot at the end.

¹ De curandi ratione per venæ sectionem, cap. 18.

Method. Medend. lib. xiii. cap. 11.

² Lib. ii. ad Glaucon. cap. 2. & 4.

³ Synopsis, lib. ix. cap. 50.

⁴ De re medicâ, lib. iii. c. 64.

⁵ Tetrabibl. 4. serm. 4. cap.

⁶ Lib. iii. fen. 21. tract. 4.

cap. 12.

⁷ Pratic. Medic. lib. ii. cap.

11.

At present, sentiments on this head are more unanimous. It is agreed, that the bleeding should be always in the arm, in cases of inflammation of the *uterus*; because this unites the advantages of evacuation and revulsion. There is only one single case excepted, which is, when the inflammation is caused by a suppression of the *menfes*, or the *lockia*; and that, nevertheless, the *menfes* or the *lockia*, though half suppressed, do not wholly cease to flow yet; which gives room for hoping to re-establish them, by bleeding in the foot. But, even in this case, if the bleeding in the foot do not produce the effect which is expected; nor restore the due course of the *menfes* or the *lockia*; recourse must be again had to bleeding in the arm, as to the only means which can effectually make a derivation of the blood that furcharges the *uterus*.

II. There were formerly ordered with confidence, in the inflammation of the *uterus*, frictions; ligatures; and cupping, either dry, or with scarification; but it was not well agreed in what places they were to be employed. Some¹ would have them on the superior parts; as the arms, shoulders, back; or above or under the breasts: and others on the inferior parts; as the thighs, buttocks, or *pubis*.

At present there is none, or but little, use made of these remedies; because they are fatiguing to the patients; and of inferior efficacy to bleeding. But if the question were to be determined now according to the principles of the circulation, it would not admit of any difficulty: ligatures would be condemned as always injurious, whatever part they may be applied on; and, as to frictions, and cupping, the same rule

¹ Aëtius, *ubi supra*.

Joh. Varandæus, *De Morbis Mulierum*, lib. i. cap. 7.

Victor Trincavellius, *De ratione Curandi particul. hum. corp. affectus*, lib. ii. cap. 14.

Daniel Sennertus, lib. iv. part. i. sect. 2. cap. 13.

Guill. Rondelerius, *Method. Curandi Morbos*, lib. iii. cap. 72.

Dionys. Fontanonus, *Pratic.* lib. iii. cap. 26.

Rodericus à Castro, *De Morb. Mulierum*, lib. ii. cap. 21.

Barthol. Perdulcis, *Univers. Medic.* lib. xiii. sect. 8. cap. 16.

would be observed with respect to them, as was before established with relation to bleeding.

III. Galen¹ forbids the suffering the patients to sleep in the inflammation of the *uterus*: because, as he pretends, sleep contributes to augment it. We may even find in Hippocrates², some expressions which seem to favour this opinion, at least in the way of inference. It may be well conjectured, that authorities, like these, must have weight with some physicians³. They have not, however, prevented many others, from declaring for the use of narcotics in the inflammation of the *uterus*: and it appears to be the doctrine generally received at present. It is true, that neither anodynes, nor narcotics, must be given, when the inflammation of the *uterus* brings on a dosing state; nor would any body think of giving them in that case, where they can have nothing to do. But they must of necessity be given, and are so generally, when the pain is lively and acute; when the patient is flurried, and can have no rest; or when the reason appears depraved, and the patient is on the point of a *delirium*, which threatens violent raving.

IV. Avicen⁴ advises to give vomits in the inflammation of the *uterus*; and his advice has influenced many physicians⁵, who have regarded vomiting, as a

¹ Comment. iv. in sect. 4. text. 17. lib. vi. *Epidemior*.

Comment. in *Aphorism*. 1. lib. ii.

² *Epidemior*, lib. vi. sect. 4. text. 12.

De victûs ratione, lib. ii.

³ Avicenne, *ubi supra*.

Valescus de Taranta, *Philon*. lib. vi. cap. 14.

Rodericus à Castro, *ubi supra*.

Petrus Forestus, *Observ.* lib. xxviii. observ. 41, 42, 43.

Lud. Mercatus, *De Morb. Mulierum*, lib. ii. cap. 17.

Hier. Mercurialis, *De Morb. Mulierum*, lib. xiv. cap. 18.

Jean Liebault, *Des Maladies des Femmes*. liv. ii. chap. 14.

Lazare Pé, *Des Maladies des Femmes*, liv. ii. chap. 13.

⁴ Joh. Varandæus, *ubi supra*.

Dan. Sennertus, *ubi supra*.

Lazar. Riverius, *Prax. Medic*. lib. xv. cap. 7.

⁵ Lib. iii. fen. 21. tract. 2. cap. 12.

Bern. Gordonius, *Lilii Particulâ*, lib. vii. cap. 11.

Dion. Fontanonus, *ubi supra*.

Val. de Taranta, *ubi supra*.

Lud. Mercatus, *ubi supra*.

Vict. Trincavellius, *ubi supra*.

Rodericus à Castro, *ubi supra*.

revulsive remedy in this case ; and, consequently, as a safe one. But this practice has been censured with reason by others ¹, who were less credulous, or more able. Nevertheless, in the time of these physicians, this practice might be pursued with little or no danger : because the emetics, of which they made use of at that time, either did not excite vomiting, or only in a slight degree : but at present this practice would be extremely rash ; because our antimonial emetics, which are more active, and which cause the most strong agitations, would immediately increase the inflammation, and the pain of the *uterus*.

V. Paul Æginetus ² has recommended the giving no food in the inflammation of the *uterus*, during the first three or four days ; and this notion has been followed by Avicen ³, and some other physicians ⁴. It is certain, very little nourishment should be taken by a patient in a case so acute ; and, with relation to this, every body is agreed. There are cases, undoubtedly, where the patients may, and ought to be confined to a little ptisan, for the first days ; but I am not of opinion it should be made a general rule : and I suspect, with a learned physician ⁵, from whom I borrow this remark, that the dogmatical decision of Paul Æginetus, is less the fruit of his experience, than the consequence of his prejudice in favour of the system of the methodists, who made this severity in diet, the common basis of their practice : on which head may be consulted, Le Clerc, *Hist. de la Medicine*, lib. iv. sect. 1. chap. 7. and Gorræus, *Definit. Medic. in voce Διάτρετος*.

VI. Some authors ⁶ advise, in the inflammation of the *uterus*, to make anodyne injections into the blad-

¹ Varandeus, *ubi supra*.

Sennertus, *ubi supra*.

Riverius, *ubi supra*.

² *Ubi supra*.

³ *Ubi supra*.

⁴ Donat. Anton. ab Altomari. *De Medendis humani corporis affectibus*.

Valesc. de Taranta, *ubi supra*.

Dionysius Fontanonus, *ubi supra*.

⁵ Petr. Salius Diversus, *Annotat. in Donat. Anton. ab Altomari*, cap. 106.

⁶ Jean Liebault, *ubi supra*.

Lazare Pé, *ubi supra*.

der, as is done into the *uterus*: and it is certain, that these injections, as they can remain longer in the bladder than in the *uterus*, may be of some service; particularly when the inflammation is situated in the neck of the *uterus*. But unfortunately, in this case, there is the greatest difficulty in employing them. For, as the inflammation, under these circumstances, communicates itself to the bladder, and its neck, the *cannula* can neither be introduced into the *urethra*, nor the injection thrown into the bladder, without causing the most sensible pain. For this reason, and perhaps also on account of the modesty of the patients, they are intirely laid aside at present. But if it should ever be thought fit to use them, the *rectum* must be first freed from its contents, by proper remedies, in order to make room for the dilatation of the bladder; and the different kinds of injections into the intestines, the *uterus*, and the bladder, should never be employed at the same time, for fear of too great a compressure on the diseased part.

VII. Formerly many physicians¹ applied boldly on the *pubis*, and even on the *vulva*, topics actually cold; or such as were prepared with vinegar; and, as they abated at first the ardour of the inflammation, the patient perceived, for the present, a sensible relief from them. But this slight success should be no inducement to imitate this practice, of which the consequences are dangerous: as these remedies, by thickening the blood, and checking its course through the capillary vessels, upon which they most immediately act, are injurious to the resolution of the inflammation; and contribute often to bring on gangrene, suppuration, and *schirrus*. It is for this reason, as the real good of the patient should always be preferred to their momentary and delusive ease, none but warm topics, and such as are proper to relax, and remove constriction, should ever be applied.

¹ Gordonius, Fontanonus, à Castro, Rondeletius, *ubi supra*.

VIII. A common use was formerly made of astringent and repellent topics, composed of bole, dragons blood, *terra sigillata*, galls, balauftines, pomegranate bark, fumach, sanders, fugar of lead, &c. But these remedies are regarded at present as always suspicious, and often dangerous: because they stiffen and constringe the fibres of the part affected; and, by causing a strangulation of the capillary vessels, injure the circulation; which augments the inflammation, retards the resolution, and often brings on gangrene, suppuration, or *schirrus*.

IX. Some¹ practitioners advised formerly, in the inflammation of the *uterus*, that kind of half-baths distinguished in Latin by the name of *inseffus*; particularly for virgins, with whom it is not easily practicable, either to make injections into the *uterus*, or to apply pessaries. These half-baths were prepared with a decoction of emollient and anodyne herbs; such as those which are employed for the fomentations. But this practice has unavoidable inconveniencies: for either the decoction of these half-baths would be colder than the part bathed, and then they would have the same bad effects as the topics applied cold; or they would be hotter, and in that case would augment the inflammation, by attracting the blood to the part bathed; as hot water draws the blood into the feet, when they are kept immersed in it, in order for bleeding in the foot.

X. Johnston² praises the following remedy, as proper to check the inflammation of the *uterus*. *Putatur*, says he, *inflammationem uteri proprietate quadam sistere*. A decoction is made of thyme in chalybeated water. It is imbibed in sponges; and the sponges are applied on the outside to the region of the *uterus*. It appears by the manner in which Johnston expresses himself, that

¹ Valesc. de Taranta, Bernard. Gordonius, Dion. Fontanonus, *ubi supra*.

Jacob. Primerosius. *De Morb. Mulier.*

² Joh. Johnstonus, *Idea universæ Medic. Practic.* lib. x. titul. II. cap. 2. artic. 4.

it is only on the relation of another he speaks: and there is the greatest reason to believe he has been too credulous on this head. This remedy, which is at the same time resolvent, on account of the thyme, and astringent, on account of the chalybeated water, may be proper at the end of the inflammation, when the intention is to support and aid the resolution already advanced: but it would be injurious if it were employed in the beginning, as Johnston's words seem to intimate it should be.

C H A P. II.

Of the gangrene and sphacelus of the uterus.

§. I. DESCRIPTION AND DIFFERENCES.

IN general, gangrene and *sphacelus* are kinds of corruption and mortification, in which the parts affected become livid and black; lose much of the heat, and sensibility, which are proper to them, or are intirely deprived of it; and either no longer enjoy at all, or but imperfectly, the circulation of blood, lymph, and animal spirits.

These two kinds of mortification are the same in reality; and differ only in the degree. As long as there remains any sensibility, or any heat, in the part; that it is livid, and not black; and that the blood, lymph, and animal spirits, yet circulate, though imperfectly; the disease bears only the name of *gangrene*. It is called *sphacelus*, when the part has no longer either heat or sensibility; is become black; and the blood, lymph, and animal spirits cease wholly to circulate.

Another distinction is made of the *humid* gangrene; in which the part becomes putrid and rotten; or, at least, may be easily raised in tatters: and of the *dry*;

in which the mortified substance grows hard and horny; and remains connected with the sound part more strongly, as it seems, than in the natural state. This difference becomes more sensible, in proportion as the gangrene degenerates into a *sphacelus*.

As gangrene and *sphacelus* are diseases common to every part of the body: the *uterus*, and the parts which depend on it, or are conjoined with it, as the *vagina*, and *vulva*, are not exempt: and it is that, which makes the contents of this chapter.

According to observation, gangrene, and *sphacelus*, never happen to the *uterus*, or *vagina*, but in one of these cases.

1°. In violent inflammations, which attack these parts: and then it is generally in the height of the inflammation, the gangrene and *sphacelus* come on; that is to say, from the third or fourth day of the disease, to the seventh, or eighth.

2°. In the *descensus* of the *uterus*, when it is very considerable, so that the body of the *uterus*, or, at least, a great part of the *vagina*, falls to the outside; and that the *uterus*, or the part of the *vagina* which is fallen to the outside, remains a long time in such state, which can only be that of compression, and strangulation.

3°. In the phagedenic ulcers, which corrode the internal surface of the *uterus*, or the *vagina*; or, what comes nearly to the same, in the choppings or gashes of a similar nature, and consequently malignant, by which the interior surface of the *uterus*, or the *vagina*, is deeply furrowed.

Generally, the gangrene of the *uterus*, or the *vagina*, which comes on in the first or the last of these cases, is of the *humid* kind: and, on the other hand, commonly of the *dry* in the second.

Sometimes the gangrene affects the whole body of the *uterus*, which is however rare: and sometimes it affects only one part, which is commonly its orifice or its neck; that is to say, its inferior part, which, in growing narrower, terminates at its orifice.

In other cases, the gangrene spreads itself through the whole thickness of the *uterus*: sometimes it attacks only its external surface, which is, however, very rare; but most generally it extends only to the internal surface.

Finally, as the gangrene sometimes affects the *uterus* alone, so at others it affects only the *vagina*, or the *vulva*, without communicating itself to the *uterus*: but it often happens, that it seizes at the same time, both the neck of the *uterus*, and the bottom of the *vagina*.

Of whatever nature may be the gangrene, or the *sphacelus*; in whatever parts of the *uterus*, these diseases may be situated; or with whatever circumstances, they may be attended; the symptoms of them are always the same. The pulse is low, quick, concentrated; the patients are seized with shiverings, startings, and sometimes even convulsive shakings of the whole body, without any apparent cause; and, at the same time that they cease to feel any pain in the *uterus*, or but a less degree, they fall into a state of oppression, or extraordinary uneasiness, which is frequently but little short of fainting; the extremities become so cold, that scarcely any warmth can be excited in them: in general, the patients have almost every moment the look of a person ready to expire, without there being the appearance of any disorder externally, when the disease is in the *uterus*: but at length, as the disease continues, the fetid and cadaverous discharge, which comes on presently, demonstratively clears up the nature of the disease, supposing it has been till that time doubtful.

§. II. CAUSES.

I have explained the theory of the gangrene and *sphacelus*, in the Treatise on Tumours; and I have there shewn;

1°. That the state of life, or, if you will, of *vitality* of the parts, consists in the uninterrupted succession of the oscillations of all the vessels that constitute

tute them; whether arteries, veins, lymphatic vessels, nerves, &c: which is, however, principally true of the oscillations of the arteries: because they are more sensible than those of the other vessels; and give, if I may be allowed to say so, the power of action to all the rest.

2°. That, therefore, by the law of reverses, the state of mortification, and the state of death of the parts, that is to say, gangrene and *sphacelus*, arise only from that the oscillations of the vessels which compose these parts, and particularly those of the arterial vessels, are stopped in such manner, that they are performed only imperfectly and with difficulty in the gangrene, and not at all in the *sphacelus*.

3°. That observation, which in this perfectly agrees with reason, evinces, there are three principal causes which may produce the diminution of the oscillations of the arterial vessels; or even this total cessation, and from thence bring on either gangrene or *sphacelus*.

The first, the too great plenitude of the capillary extremities of the arterial branches, which, in consequence of being in a violent and tonic tension, cannot contract themselves; and are thence deprived of the exercise of their natural power of oscillation.

The second, the relaxation of the elastic power of the coats of the capillary extremities of the same arterial branches, carried to such a degree, that their oscillations cannot any longer be performed: and that they stop of themselves; or, at least, are stopt by the slightest compression, or by the least considerable repletion.

The third, the dilaceration of the capillary extremities of the same arterial branches, and of all the other vessels that enter into the constitution of the parts: which occasions, that, being corroded, divided, or destroyed, they can no longer be subservient to the alternative exercise of their ordinary oscillations.

This general theory of gangrene, and *sphacelus*, comprehends the particular theory of those of the *uterus*; and it follows from the application, that should be made of it to the *uterus*.

1°. That the gangrene and *sphacelus* of the *uterus* can only proceed from one of the three causes, which are before laid down: and that, therefore, these three include all the causes, that can produce any gangrenes or *sphacelus* of the *uterus* whatever.

2°. That the first of these causes produces the gangrene, and *sphacelus*, which happen in the inflammations of the *uterus*, when they are very great, and very painful; when improper means are used to repress them by repellents and astringents; when, in order to hasten the resolution, resolvents are too soon employed, particularly such as are over strong; and also when they are too slow in terminating, by resolution, or suppuration: and this is the *first case*.

3°. That the second of these causes produces the gangrene, and *sphacelus*, which come on in the *descensus's* of the *uterus*, or of some considerable portion of the *vagina*, when the part, which is come out, is exposed to violence and cold; when it suffers, in the part towards its base, a great strangulation, which brings on a *schirrus*; when it is replete with lymph, of which this strangulation stops the course, to such a degree, as to lose its natural power of resili- tion: and this is the *second case*.

4°. That the third of these causes produce the gangrene, and *sphacelus*, which come from ulcers, or phagedenic choppings, or from ulcerated cancers, which erode the interior part of the *uterus*; particularly when these ulcers, and cancers, are hollow, malignant, and moistened with a purulent *serum*, which being imbibed into the substance of the *uterus*, softens it at first, and at last destroys the texture of it: and this is the *third case*.

§. III. *Explanation of the differences.*

I. Difference. The gangrene is produced in the *uterus* in two opposite situations: either when it is in its natural place; as in the first, and third cases, in consequence of the inflammation, or the exulceration: or when it is out of its place; as in the second case, in consequence of an *œdema*, which comes on in the *descensus* of the *uterus*.

II. Difference. The gangrene of the *uterus* may be either *incipient*, or *confirmed*: that is to say, either a simple gangrene, or a true *sphacelus*. It is *incipient*, or a simple gangrene, so long as the play of the oscillations of the vessels, greatly diminished as it may be, still subsists, at least, in some places of the part affected; which may come either, from that the causes which produce the gangrene are weak; from that they have only operated a short time; or from that they act on an *uterus* naturally sound, and therefore in a condition to resist longer to their effects. It is *confirmed*, and a true *sphacelus*, when the oscillations are intirely ceased in the whole extent of the mortified part: which arises, from that the causes have great power; from that they have operated for a long time; or from that they act on an *uterus* soft, œdematous, bruised, hurt, ulcerated, &c. and, therefore, more sensible of the effects they may have on it.

III. Difference. The gangrene may affect the *whole body of the uterus*; or it may affect *only one part*. It affects the *whole body of the uterus*, which is however rare, when the causes, that produce it, spread over the whole extent of the *uterus*; or, at least, that the gangrene, which has begun in some part of it, has had time to diffuse itself over the whole. *It affects only some particular place of the uterus*, when the causes, which have produced it, have had their seat confined to this place; and the gangrene, which they have brought on, has not had time to extend itself further.

IV. Difference. The partial gangrene may affect it in different places: as the *fundus*, the sides, the fore-part, the hind-part, the neck, &c: which depends on the different particular causes, that determine the action of the general causes upon one place, rather than another. The most common place of a gangrene is, however, the orifice of the *uterus*: because that is the place the most exposed to the action of the acrid substances, which run from the *uterus*, and to the exulcerations which they may cause; to the dilacerations and excoriations, from hard labours; and, generally, to all the other causes of gangrene.

V. Difference. The gangrene seizes usually the exterior surface of the *uterus*, when it comes on in a *descensus* of the *uterus*: because, then it is the exterior surface that is most exposed to the action of the air, and to the other causes by which it may be affected. It possesses the whole thickness of the *uterus*; when it comes on in an inflammation, or an *oedema*, which have an effect on the whole thickness. But most frequently it occupies only the interior surface of the *uterus*: because that is the side the most exposed to the action of the causes which bring it on, for the reasons that have been before mentioned, with relation to the orifice of the *uterus*.

VI. Difference. The gangrene of the *uterus* is commonly humid in the first, and in the third case: that is to say, when it succeeds to inflammation, or exulceration; because, the part inflamed, or ulcerated, putrefies, and grows rotten. But it is sometimes dry, when it happens in a *descensus* of the *uterus*; which is the second case: because the access of the air, or the rubbing of the cloaths, harden and dry the surface of the *uterus*, and occasion, that the crust, which mortifies, remains attached to the rest of the *uterus*, or is separated more difficultly.

§. IV. SYMPTOMS.

1^o. The heat of the part must be diminished in gangrenes: because that in them there are many arterial

terial ramifications, which beat weakly, or not at all; where the blood has little or no circulation; and which, consequently, are deprived in part, or intirely, of the two causes which support their heat, and consequently that of the part.

It follows from thence, that the heat must go on diminishing in the gangrene, in proportion as the number of arterial ramifications, or oscillations, weakened, increases; or in proportion as the degree of the weakning of these oscillations augments; and that it must intirely fail in the *sphacelus*; because that then the oscillations cease absolutely in the arterial ramifications throughout the whole.

2°. The sensibility must be diminished also in gangrenes, because that in them the oscillations of the nervous filaments, which support the course of the spirits, are weakened, or cease in the greatest part of these fibres: which occasions, that they neither flow any longer into nor out of them; or but weakly; and consequently do not communicate any longer to the brain the impressions which excite sensations; or communicate them only in a small degree.

It results from thence, that the sensibility must go on diminishing in the gangrene, in proportion as the number of nervous filaments, of which the oscillations are diminished, increases; or in proportion as the degree of the diminution of these oscillations augments: and that it must intirely cease in the *sphacelus*; because that then the oscillations cease intirely, in the whole of the nervous filaments.

3°. The tension of the part must be diminished likewise in the gangrene; because that the blood which stagnates in the arterial ramifications, of which the oscillations have ceased, or are diminished, thickens there, and suffers the *serum* to escape; that this transfused *serum* penetrates, and relaxes the coats of the arteries, and the other fibres of the part; and that these relaxed coats, and fibres, are no longer in a condition to support the same degree of tension in the part.

It follows from hence, that the softness or flaccidness of the part, must augment in proportion, as the number of the coats of arteries, or of tendinous fibres, which are relaxed, increases : or in proportion as the degree of relaxation of these coats, and fibres, augments : and that it must be in the highest degree in the *sphacelus* ; because then the coats of the vessels, and the fibres of the parts, are all relaxed ; and as much so as they are capable of being.

4°. The part must become livid in the gangrene ; because the blood in thickning becomes black in all the ramifications of the arteries, of which the oscillations are weakned, or have ceased. And these several black points, uniformly intermixt with the parts which preserve yet their natural colour, render the whole darker, that is to say, render it livid.

It results from thence, that the gangrened part will become more and more livid in proportion ; as the blood shall stagnate, and become black in a greater number of arterial ramifications ; or, in proportion as it stagnates more there, and becomes more black : and that it will be at last intirely black in the *sphacelus*, because then the blood stagnates, and becomes black, in all the ramifications of the arteries ; and, on account of its stagnating there, the part becomes as black as it is capable of becoming.

5°. The pulse is low, quick, hard, and concentrated in the gangrene ; and yet more so in the *sphacelus* : which may result from two causes ; either from that one part of the purulent and corrosive *serum*, which the gangrened part has imbibed, into the blood, grows thick, and abates the circulation, which contracts the pulse, and renders it quicker and more hard ; or, from that the kind of dull pain, which the gangrene or *sphacelus* causes in extending itself to the sound part, that is next it, produces, by the known laws of sympathetic motions, spasmodic constrictions in the muscular fibres of the heart : which hinder it, on one hand, from dilating as much as usual ; and force it, on the other, to contract more frequently,
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and more strongly than common : which gives rise to the lowness, quickness, hardness, and concentration of the pulse.

6°. The extremities become cold in the gangrene, and in the *sphacelus* ; and as much more cold, as the pulse is more low : because, when the pulse is low, there passes less blood from the heart into the parts, and particularly into the remote parts ; that is to say, the extremities of the body : which occasions that these extremities, being less reheated, must grow cold ; and this as much more quickly and more easily, as they are more exposed to the action of the air ; or as the air itself is more cold.

7°. The weakness of the patients in the gangrene, and *sphacelus*, is yet another consequence of the lowness of the pulse : and even for more than one reason. For, on one hand, the more low the pulse is, the less blood mounts to the brain ; the less animal spirits are separated in it ; and the less, consequently, the brain supplies them to the parts ; and, on the other hand, the more low the pulse is, the more weakly the beatings of the arteries of the brain, the contractions of the meninges, and consequently the propulsion of the animal spirits into the nerves, are performed. Thus the quantity, and the velocity of the spirits, which flow into the nerves, diminishing at the same time, it results, that the force of the contraction of the muscles, and the state of the patient's strength, which depend on it, diminish also, in a compound *ratio* of the quantity, and of the diminution of the velocity of the animal spirits.

8°. The frequent faintings into which the patients fall in the gangrene, and *sphacelus*, may come from the lowness of the pulse, and the weakness and the loss of strength ; which the least motion, or the slightest passion may increase, so as to cause a *syncope*. They may result also from the dull sensations of pain which are renewed from time to time, in the gangrened part, or in the border of the *sphacelus* ; and which, in occasioning a fresh contraction of the heart, aug-
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ment still more the lowness of the pulse, and the loss of the patient's strength, which brings on the faintings.

9°. The irregular and convulsive shiverings, which seize the patients suddenly in the gangrene, and *sphacelus*, may come likewise from two causes, as has been already remarked of the lowness of the pulse, and the faintings; to wit, either from that the corrosive and purulent *serum*, which is reabsorbed by the part affected, thickens the blood; and causes these shiverings; or from that the dull sensations of pain, which the progression of the disease causes to be produced, brings on, from time to time, sympathetic contractions in the texture of the skin, and in the cutaneous muscles, which produce these shiverings; or, to speak more properly, these convulsive freezings, that are called in Latin *horrores* and *rigores*.

I impute, as it appears, the lowness of the pulse, the faintings, and the shiverings, which accompany the gangrene, and *sphacelus*, to two causes: to the quality of the humour, or of the *serum*, which repasses into the blood, and thickens it; and to the nature of the dull sensations of pain which are produced in the part affected, and cause these accidents, by the known laws of sympathetic motions. But I confess, that I incline much more to the last; because I perceive these accidents are never so strong, as when the gangrene makes the greatest progress, or affects the more nervous, and, consequently, more sensible parts: which cannot be explained, by supposing there passes, at that time, more of the corrupted humour into the blood; because that is a false fact: but may be very well explained, by supposing that the sensations of pain, which are made in these two cases, in the gangrened part, are greater, more lively, and more perceptible, because that the fact is true.

1°. The acrid *serum*, which drains from the blood, stagnated and thickned in the sphacelated part, finds its way out easily through the spongy substance of the *uterus*; but, as it is stopt by the more close texture of
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its coats, it must raise them in different places, and form there several *vesiculæ*, or blisters, small in the beginning, but which increase gradually, and are full of a yellow, red, or black water, according as this *serum* is pure, or as it is charged with some tinge of blood, more or less strong.

11°. Finally, this *serum*, which is acrid, and even corrosive, must soon erode the coat which stops it; and then even the substance of the *uterus* begins to fall into tatters; and, when the gangrene is humid, there drains from it a *serum*, a *sanies*, and a very fetid, or rather cadaverous putrid matter.

§. V. DIAGNOSTIC.

I. This kind of gangrene has its proper criterions, that render it distinguishable.

1°. The gangrene, which succeeds inflammation, never comes, but when the pain, heat, and tension of the part inflamed, after having risen to the highest degree, cease or abate suddenly, without any apparent cause. The patients may easily be deluded by it; and often indeed are so, even to the point of believing themselves cured. But under these circumstances a physician, on the contrary, ought to mistrust so hasty a change. Their suspicions must augment in proportion, as the pulse grows lower and weaker; as the extremities become cold; as the patients are seized with irregular shiverings; and as frequent faintings come on: their doubts, moreover, must at last give way to conviction, when these accidents continue, or increase; and are followed by a fetid and cadaverous discharge.

2°. The gangrene, which comes from exulceration of the *uterus*, proceeds somewhat differently: but the diagnostic of it is not less certain. At first the purulent discharge, afforded by the ulcers, ceases, or diminishes: because the ulcerated part of the *uterus* is inflamed: which increases the pain, heat, and tension, that the patients feel there. This increase, when it is very great, in the case of exulcerations of the *uterus*, is
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an almost certain criterion of an imminent gangrene. There is reason to regard it as already formed, when the pain, heat, and tension of the part cease, or abate suddenly; the pulse sinks; and shiverings and faintings come on without any manifest cause. In short, the disease is ascertained, when these accidents persevere; and the purulent discharge, which is renewed, has a fetid and cadaverous smell.

3°. The gangrene, which comes on in the *descensus* of the *uterus*, is of two kinds. Commonly it succeeds the inflammation, which the *descensus* occasions in the *uterus*; and indeed it has then the same character, as all the other gangrenes that come in consequence of inflammation; and is attended with the same symptoms; which are sufficient to make it distinguishable, even though it should not lie within the reach of the eye. But it is sometimes caused by the *oedema* which is brought on the *uterus*, when it is out of its place; and it must be allowed, that it then proceeds in a more concealed manner, and with less formidable appearances. As it happens, nevertheless, in a part which may be seen and touched, it is impossible not to distinguish it by the blackness, softness, and insensibility of the place where it is seated.

4°. The same judgment may be made by the touch, and even by the sight, if a *speculum uteri* be used: and with the greatest certainty in the gangrene and the *sphacelus* of the *vulva*, *vagina*, and even orifice of the *uterus*, from whatever cause these disorders may proceed.

II. The different kinds of gangrene of the *uterus* are easy to be distinguished.

1°. When the *uterus* is out of its place, a judgment may be formed by the degree of lividness, softness, insensibility, and coldness, whether the disease may yet bear the name of gangrene; or ought to take that of *sphacelus*. The distinction is not so easy, nor so certain, when the *uterus* is in its place: but the time from the beginning of the disease; the de-

gree of softness and indolence of the hypogastric region; and the quality of the discharge; are sufficient grounds of a decision, that carries sufficient probability.

2°. Judgment may be made, in the same manner, of the place of the disease, by the sight, and the touch, when it comes on in a *descensus* of the *uterus*: and, when there is no *descensus*, it is to be judged of, by the knowledge that is already obtained of the extent, and place of the inflammation; and of the exulceration that has given rise to it.

3°. When the *uterus* is out of its place, the gangrene is known to be humid, when it is perceived that the part affected grows rotten, and putrefies: and it is known to be dry, when the part is perceived to be dry and horny. But when the *uterus* is in its natural place, a judgment can be formed only by induction from the kind of gangrene with which it is attacked, according as the disease is followed, or not, by a fetid running.

III. In short, the diagnostic of the causes is sufficiently evident, not to require that we should dwell upon it. For, after all, a gangrene can only arise from two causes, either from inflammation and exulceration, which is the hot gangrene of the antients; or from *œdema*, and relaxation, which is their cold gangrene. There is, consequently, but little room left for mistake, in the distinguishing causes so opposite.

§. VI. PROGNOSTIC.

Gangrene attacks the *uterus* in two cases; either when it is in its natural place; or when it is not so, as in the case of the *descensus*.

1°. The gangrene, which comes on the *uterus* in its natural place, must be regarded as mortal; and with great reason: for what resources can be then had? It cannot be presumed, that the necessary remedies can be conveyed to the gangrened parts; those which may be conveyed there by chance, remain applied only a moment;

moment; and there is no daring to try the use of the kinds that would be most efficacious; such as escharotics. There is, moreover, no means of performing extirpation; which is the only resource in these cases of extremity.

This prognostic admits of but few exceptions. There are found in authors, accounts of internal gangrenes of the *uterus*, which have been perfectly cured by the separation of the gangrened part from the sound. It is true, some of these accounts regard only partial gangrenes of the *uterus*: but there are others, where, as they assure us, the gangrene went through all the whole body of it; and where, as they pretend, the whole body was separated from the other parts. It is proper, however, to be informed of these accounts, which may sometimes serve to support hopes: but it is proper also at the same time to remember, that if we were to yield an intire credit to them, they are too few in number to give any reason to change the fatal prognostic that is established: and that, in such cases, we may say, *rara non sunt artis*. But if we may ever flatter ourselves with the hopes of a similar success, it can only be when the mortification is superficial; of small extent; situated in the *vagina*, or towards the orifice of the *uterus*; and happens from some accident in an *uterus*, otherwise in an healthful state, and in a patient young, vigorous, and of a good habit of body.

2°. The danger occasioned by a gangrene is not so great, when it is seated in the *vagina*; and less still, when in the *vulva*. Because, that remedies may be then applied to the parts, which cannot be conveyed to them when it is in the *uterus*: and that they can be kept applied there; which, moreover, cannot be done in the other case: besides, the resource that may be had in scarifications; and, with regard to the lips of the *vulva*, even in the extirpation of the part affected. Too much stress should not, however, be laid on these resources; and the gangrene of the *vagina*, and the *vulva*, should always be considered, as a very dangerous

gerous disease : because a certain and complete extirpation can never be accomplished.

3°. There is a case, that affords a little more room for hopes : which is, when the gangrene comes on in an *uterus* that has left its natural place, and is fallen down, so as to be on the outside : because then, besides the other aids which may be commodiously and efficaciously employed, there is the resource of complete extirpation : and, however formidable this operation may be, there are many accounts which shew, that it has been often performed with success in these circumstances ; as will be shewn below, where the *descensus* of the *uterus* will be treated of.

§. VII. *Method of cure.*

However fatal, and even however certain, the prognostic on the gangrene of the *uterus* may almost always be, it would be inhuman to refuse to undertake the treatment of it. It is true, that nothing is more vexatious, nothing more discouraging, than not to be able to cherish the least illusion on the success. But in how many cases must physicians have the charity and patience to afford long attendances, of which they are beforehand convinced of the inutility. The gangrene of the *uterus* only furnishes them with another occasion of exercising the same virtue : and an occasion so short, as neither to give room to exhaust, or tire it.

In general, the treatment which is proper in the gangrene of the *uterus*, does not differ from that, which is employed for others : or, at least, it differs only in the embarrassment occasioned by the situation of the disorder : and the address which the delicacy of the part affected requires. In most cases the intentions, which should be proposed in this treatment, may be reduced to the five following, in the same manner, as in the gangrenes of other parts.

The *first intention* must be, to diminish the power of the causes, which bring on the gangrene ; and which, as has been already shewn, are the too great

plenitude of the vessels, by the quantity of blood that suppresses the oscillations; or the too great relaxation of the vessels by the lymph, which hinders the oscillations; or the dilaceration of the vessels, by some acrid humour, that destroys the oscillations.

For, 1°. When the gangrene is internal, that is to say, when it attacks the *uterus*, while in its place, there is only one way to diminish the power of these three causes; to wit, to employ bleeding, in order to endeavour to restore the course of the circulation, and remove the repletion of the blood, lymph, or those acrid humours, with which the part is surcharged. Therefore, as soon as there is any reason to apprehend a gangrene, particularly in consequence of inflammation, the bleedings must be repeated, so long as the state of the pulse and strength of the patient permit it; at least, if the pulse be not very low, and the strength much impaired.

But, 2°. When the gangrene is external, that is to say, when it happens to the *uterus* while out of its place, or that it is seated in the *vulva*, *vagina*, or even orifice of the *uterus*, where the eye can reach by the assistance of a *speculum uteri*, there must be joined to the use of bleeding, the aid of scarifications, to discharge a part of the blood, lymph, or acrid humours, that stagnate there; and to establish, by this means, the freedom of the oscillations of the vessels which are not yet destroyed; and in which the oscillations are not intirely suppressed; or, in other words, to restore them to their former *vitality*. These scarifications are made more or less deeply, or more or less closely, according to the degree and the depth of the disorder. In general, to render them useful, they must be made to the quick; that is to say, till the patient feels in a lively manner, and that the blood appears to be discharged liquid, red, and hot.

The *second intention* is, to reanimate the oscillations of the vessels, that may be yet capable of it, after they have been disgorged. To effect this, remedies must be employed that are spirituous, stimulating,
capable

capable of exciting lively sensations in a part of which the sensibility is impaired; or, in other words, recourse must be had even to escharotics.

I. The following are those which the delicacy of the *uterus* may admit of being employed in the different cases, where it may be subject to a gangrene.

1°. If the gangrene be internal; that is to say, in the cavity of the *uterus*, injections are made with the decoction of mugwort, birthwort, pennyroyal, melilot, and camomile, or water germander: to which is added, lime water, either simple, or impregnated with *sal Ammoniacus*, *unguentum Ægyptiacum*, the *collyrium* of Landfranc, the theriacal spirit, tincture of myrrh; or *aqua vitæ*, camphorated and acuated with *sal Ammoniacus*. The quantity of these medicaments is proportioned to the degree, and violence of the disease. But as it is very pressing, the error should be on the side of excess. Sometimes, when these remedies do not prove strong enough, there is a necessity even to use along with them, injections of clear phagedenic water; or even when the clear is yet too weak, to use it somewhat turbid.

2°. If the gangrene be external; that is to say, if it happen to an *uterus* out of its place, or to the *vulva*; the same decoction, acuated in the same manner, must be employed. But care must be taken to make it in a *lixivium* of ashes, or in strong wine, to render it more powerful. It is then used in form of a fomentation, with which the gangrened part of the *uterus* that is out of its place, or the part of the *vulva* that is affected, is stooped. Compresses, dipt in it warm, may be also kept applied there.

3°. Lastly, if the gangrene attack any of the sides of the *vagina*, proper rolls of linnen, moderately close, are prepared; and, being steeped in the same acuated decoction, may be introduced into the *vagina*, in the manner of a pessary.

In all these cases, care must be taken to renew the injections, fomentations, or pessaries, as often as it may be judged necessary, on account of the state of

the disorder, and the sensibility of the part; or as it may be done without harassing the patient too much.

II. In the external gangrene, there are still other resources more efficacious, of which it should not be neglected to take the advantage.

Such are, 1°. The application of cataplasms, or pessaries, according to the situation of the disease. The ancients made use, in this case, only of cataplasms formed of the three kinds of flour, that is to say, of wood pease, of beans, and of barley boiled in oxymel; to which some added afterwards the flour of lupines, aloes, myrrh, and *sal Ammoniacus*, to augment the virtue. At present, cataplasms are made more simple, but more efficacious, with foot, myrrh, and *sal Ammoniacus*, all powdered finely, and used in due proportion; which are incorporated with a little honey in the consistence of paste; and to which is added *unguentum Ægyptiacum*, when it is judged necessary.

2°. The application of escharotics on the gangrened part; or what is better, upon the scarifications previously made. The ancients employed the pastils of Andron, Polyidas, Musa, Pasion, or those of Aphodel; of which the manipulation is to be found in Galen, whence our old Dispensatories have copied them, making some slight changes. But these remedies are not now used; nor to be found in the modern Pharmacopeias: because others are substituted in their place, that are more certain; and such only are used at present: as the red precipitate mixt with *Ægyptiacum*, that is spread upon pledgets; phagedenic water, clear, or turbid, according to the occasion; with which the part affected is embrocated; or what is still more efficacious, a solution of crude mercury in *aqua fortis*, with which the gangrened part is slightly touched. It is true, there is great care required in the use of these strong escharotics; as well to confine their action, as to moderate their power; lest the pain they excite may throw the patients into dangerous convulsions, if it be too violent.

The *third intention* is, to accelerate the separation of the eschar; that is to say, the division of the gangrened part from the sound: and, where there is the good success to procure such separation, to heal the ulcer that remains.

The use of escharotics is not to be discontinued till there be good ground of assurance, that the progress of the gangrene is stopt: which is to be known with sufficient certainty, in the external gangrene, by the red circle that surrounds the gangrened place; and by the purulent moisture that begins to issue from all the border. But it is only a matter of conjecture, in the internal gangrene, from the cessation, or at least from the abatement of the frightful accidents of the disorder.

When matters are brought to this state in the internal gangrene, it is proper to begin to cut the eschar away as near as possible to the quick, with the point of a pair of scissars; and anoint it two or three times a day, with fresh butter, cream, white of eggs well beaten, or oil of roses. As soon as it appears that the suppuration begins to take place in the edge, application is made of pledgets charged with suppuratives, which are mollified with yolks of eggs, in proportion as the eschar separates around; and care is taken to take away the loose part, till the wound be deterged.

But when the gangrene is internal, there is no other resource, than to throw into the *uterus* injections charged with fresh butter, cream, or oil of roses; to which suppuratives are gradually added at last, according as the quality of the discharge, and the nature of the accidents, give room to judge, that some portion of the eschar is separated.

When the eschar is separated, there is nothing more to be done, than to heal the ulcer, which remains. And if the disorder be external, it is easy to dress it regularly with the proper unguents. But when it is internal, there is a necessity to have recourse to the uncertain and inefficacious method of injections,

charged with the same unguents. In both these cases, the applications must be repeated twice every day: particularly when recourse is had to injections. The different unguents, that are to be used for this application, may be seen in the following chapter of the ulcers of the *uterus*.

The *fourth intention* is, to support the due state of the pulse during the whole course of the treatment; and to promote the freedom of circulation by the use of cordials. It is not, however, fit to employ cordials, that are too powerful or heating; which, by increasing too much the motion of the blood, would augment the fever, inflammation, and repletion, in the part affected; and, consequently, the progress of the gangrene. But use may be made with security, of mild cordials; and which, in acting, far from drying the skin, keep up there, on the contrary, a gentle moisture. Such are the cordial potions, made with the distilled waters of *carduus benedictus*, balm, scabions, water germander, and meadowsweet; the electuaries of hyacinth, alkermes, and *theriaca*; diaphoretic antimony; crabs eyes; orange flower water, or barley cinnamon water; the syrup of clove july-flowers, &c; by combining in the proportion, that may be judged most proper for each particular case, those of these remedies that shall be most approved.

Half an ounce, that is to say, a spoonful of a potion of this kind, may be given from four hours to four hours; and if it be found, that this is not enough for the state of the patient, the dose may be augmented, or given more frequently; or even, in pressing cases, stronger cordials, as the *lilium*, or the volatile salt of harts-horn, or vipers, may be added, in the proportion that may be judged necessary. Even the yellow or white drops, known under the name of *General la Motte*, ought not to be condemned in these cases; although they are, in reality, nothing but *aquafortis*, badly enough corrected.

The *last intention* is, to extirpate the gangrened part by amputation, when the insufficiency of apply-

ing remedies to put a stop to the disease is perceived. This extirpation may be practised, if the gangrene of the *uterus* be in the part that is fallen to the outside of the *vulva*, when the disorder is very much extended, or very deep; and there is no hopes of relief by any other method. It has been even sometimes employed with success, in cases of a meer *descensus* of the *uterus*, without any appearance of gangrene, when the *uterus* was so big, there was no possibility of reducing it. Instances will be found below, in the chapter *Of the descensus of the uterus*; where a description of this operation is given. It may be also practised, though in a manner more dubious of success, in the gangrene of the lips of the *vulva*: and there is a remarkable account of it in Wier¹. But extirpation is absolutely impracticable in the gangrene of the *vagina*; and still more so in that of the *uterus*, when it is in its natural place.

Finally, during the treatment of the gangrene of the *uterus*, care must be taken;

1°. To give the patient only weak broths, at least so long as the gangrene spreads: but if there should be so much good success, as to stop it, the broths may be made more strong, by augmenting the quantity of the flesh put into them; or by adding a little boiled rice, or yolk of eggs.

2°. To keep the belly open by means of emollient glysters; which should be used every day.

3°. To keep the patient lying with the belly higher than the breech; that nothing may be retained in the *uterus*; and that the *sanies* may be freely discharged. This posture is indispensably necessary, except when injections are to be made into the *uterus*: but then the patient must be placed in a position intirely contrary to it.

4°. To purge the patient slightly from time to time, during the treatment: supposing the stopping the gangrene, and taking away the eschar, be accomplished. But these purges must be gentle; with an ounce of

¹ Observation. Medicar. lib. i.

mannâ; or two ounces of pulp of *cassia*, in a glass or two of whey; or of decoctions of the roots of the yellow mallow.

A remedy proposed for the gangrene of the uterus, which may be used with safety.

For some time there seems to have been an emulative strife in different parts of Europe, to attribute to the Peruvian bark, an efficacious, and almost specific virtue, against mortifications. The first account of this matter is due to Mr. Rushwort, a surgeon at Northampton. It was given in 1715; and was confined to the advancing, that bark might be useful in mortifications, when they were caused or continued by an intermittent fever. It is to such cases alone, that he limited the use; and there is great appearance, that it is in such cases only the bark can be of any use.

But the matter was carried further at London some years after: and it was thought, proofs were obtained, that the bark was proper in all cases of gangrenes from internal causes, whether they were attended with fevers, or not: and whether the fever that attended them was intermittent or continual. There may be seen, in the *Philosophical Transactions* for the year 1732, extracts from some works, which appeared then in England, treating of this subject. But a more circumstantial detail of the progress of this discovery, may be found in the translation, made by Mr. Bremond, of this volume of the transactions; and in the notes, which he has added to it. As soon as this opinion was made public, new experiments were immediately tried in Scotland, which may be seen in *The medical Essays and Observations of a Society at Edinburg*, Vol. II. *Article xxxiv.* Vol. III. *Article v.* and vi. and Vol. IV. *Article x.* The success was very satisfactory: and it was believed, that not only what had been already advanced in England was confirmed, but that the matter might be carried still farther; and the

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the virtue of the bark extended to every kind of gangrene, as well from external as internal causes.

The fame of a discovery so important was not long in passing over into Germany; and determined Mr. Heister, a learned professor of physic in the university of Helmstadt, to try the use of the bark in two cases of gangrenes; in which he was confident it had good effects. The two accounts may be seen, that he has communicated to the academy of *the Curious in Nature*, and which have been inserted in Volume V. of the *Acta Physico-Medica Naturæ Curiosorum, Observat.* 156. pag. 520.

Abraham Vater, professor of physic at Vitemberg, published also, on the same subject, a dissertation *De efficacîâ admirandâ Cbinæ-Chinæ ad gangrænam sistendam in Angliâ observatâ*; where he relates many observations; but where he has the ingenuity to acknowledge, he has not made any himself.

It may be easily concluded, that it was not neglected to make trials in France, and particularly at Paris, of the virtue of the bark in gangrenes. But the success has badly corresponded with the idea which they had conceived of the observations made in England and Scotland; or to speak more plainly, the success did not at all answer. Mr. George Christopher Dedtharding, professor of physic at Rostock, and since first physician to the king of Denmark, was not less doubtful of the virtue attributed with so much confidence to the bark; as appears by the thesis, which he maintained at Rostock, in 1746; and which Mr. Haller has inserted in his collection of medicinal theses, Vol. VI. *De corticis Cbinæ efficacîâ in gangrænâ & sphacelo adhuc dubiâ*.

I do not however believe, that this affords sufficient reason to make the use of this remedy be rejected in gangrenes. It would, without doubt, be rashness to decide so hastily. But it were to be wished, that this example might evince with what circumspection, and, if I may presume to say so, with what indifference the virtues of medicines ought to be examined, before
they

they are recommended. Without this precaution it is to be feared, that the too great prepossession in favour of new remedies will, very far from clearing up the uncertainties we are under, with relation to the *Materia Medica*, only tend to augment them.

However, as the use of the bark is not attended with any danger, I am of opinion no hesitation should be made to try its effects; particularly in the cases so desperate as those of an internal gangrene, for which there is no other resource. On this account, I shall relate the manner in which it has been employed in England; that those, to whom it may be agreeable, may conform to it; or that they may be enabled to judge of the changes, which may be proper to be made, according to the cases, and the circumstances that may occur.

The manner, in which the bark was given against mortifications in England and Scotland, does not differ from that in which it is given in intermittent fevers. It was taken once or twice a day, and even oftner; and from four hours to four hours; when the state of the disease was urgent. It was sometimes administered in the proportion of only one scruple: but more commonly in that of half a drachm, two scruples, or a drachm, for each dose. I am convinced it may be equally well employed in substance, or in decoction, provided the dose be adjusted. I do not even doubt, but that the advice of Mr. John Shipton, a surgeon of London; of whom a memoir on this subject may be found in the *Philosophic Transactions of the year 1732*; may be followed with success: and the resin, or the extract of the bark, given instead of the powder; provided it be administered in very small doses: but I add, that it will be well in this case to yield the preference to the salt, or rather extract of the bark, made according to the method of Mr. Garaye: because I am of opinion, it will preserve all the virtues of the bark better than the common extracts.

To conclude, I do not imagine there is any occasion to intimate, that in trying the bark in gangrenes, and particularly in those of the *uterus*, any of the other remedies, which are usually employed in this disease, should be omitted. The effect of the bark is as yet too uncertain, and the spreading of the mortification too fatal, to admit, without imprudence, of trusting in a hope which may be vain; and of neglecting other resources that are known; or at least authorised by use.

C H A P. III.

Of the apostem or abscess of the uterus.

§. I. DESCRIPTION AND DIFFERENCES.

I. **W**HENEVER the inflammatory repletion of the *uterus* is not sufficiently strong to bring on a gangrene, by suppressing the oscillations of the vessels; and the violence, or the continuance of the causes which produce or support it, are too great to suffer it to be dissipated by resolution; the result must be, from the concurrence of these two cases, that the obstructed blood will be converted into *pūs* in all the places where it has stagnated; and that this *pūs* will be collected betwixt the membranes of the *uterus*: which will form an *apostem*, or abscess of that part.

When the blood begins thus to be converted into *pūs*, or, in other words, when the suppuration begins in the part inflamed, and the *apostem*, or abscess, is formed in it, there comes on, *paroxysms* of all the accidents of inflammation; the heat, redness, pain, tension and fever; and they are even accompanied with slight shiverings, that are frequent, short, and irregular. These accidents abate, as soon as the suppuration is made, and the *apostem*, or abscess, formed: but when the proper remedies for the

disease are neglected, the *paroxysms* come on again more strong, and more distinct, from day to day; and are followed with those of fever, which end in colliquative sweats; a slow fever appears; the patients grow thin, pale, and parched; and make turbid and purulent urine: or are subject to colliquative fluxes of the belly; or fall at last into an *anasarca*; at least unless some way be opened for the *pus* to be discharged; or that it force some vent for itself.

The accidents, which evince the beginning of the suppuration, do not appear always at the same time with the inflammation: in common, they scarcely ever begin sooner than the sixth or seventh day, nor scarcely later than the tenth or twelfth of the inflammation.

II. The same accidents, or, at least, such as are very similar, happen without having been preceded by any inflammation. In this case the patients feel at first, in the *uterus*, swelling, tension, pain, and heat, much less indeed than in inflammation, but great enough, nevertheless, to merit attention; particularly by their duration; for they continue a long time in the same manner. Sometimes these accidents go off, or diminish, so as to flatter, with the appearance, that the disease is cured: but gradually there come on little irregular shiverings, which are followed by slight feverish *paroxysms*, that return every day, and sometimes several times even in the same. These shiverings and feverish *paroxysms* increase from day to day; the patients grow thin; their pulse is always restless; and at last they become intirely feverish: the pain, heat, tension, and swelling, are renewed, and fix themselves in one part of the *uterus*; where it is then evident some latent suppuration is made.

On the one hand, the analogy of this disease, with others, particularly of the breast, which have the same beginnings, progress, and consequences; and, on the other hand, the inspection of the bodies of many women who have died of it; do not leave any room to doubt, but that it arises from a suppuration, which

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has taken place almost insensibly in the middle of one or more tubercles, or callosities, formed in the substance of the coats of the *uterus*; and which, by increasing, has increased also all the accidents that depend on it.

III. There are consequently two kinds of *apostems*, or abscesses, of the *uterus*, which differ with relation to the cause. The abscess, which succeeds to the inflammation, may be called *phlegmonic*; and that which comes on in a tubercle, may be called *tuberculous*. It appears that the ancients have known them both: the first under the name of the *hot apostem*; the other under that of the *cold*.

The other differences, that may distinguish the abscesses, are considerably numerous; but all arise from some circumstances that are less essential.

Thus, with relation to the state of the disease, the abscess, which is forming, *abscessus fiens*, in which the accidents are violent, makes one distinction; and the abscess which is formed, *abscessus factus*, in which the accidents are less considerable, makes another.

With relation to the place, where the disease is situated: the abscesses of the *fundus*, *sides*, *fore-part*, *hind-part*, and *neck* of the *uterus*; and even those of the *vagina*, and *vulva*; are distinguished.

With relation to the extent the disease has gained; the abscess, which is great, or deep; or that which is little or superficial; are distinguished.

With relation to the cavities, which the disease has produced; the abscesses are distinguished into *simple*, when all the *pus* is contained in the same cavity; and into *cellular*, *sinuous*, and *fistular*, when it is dispersed in many *cellulæ's*, *sinusses*, or *fistula's*, which communicate with each other.

Finally, with relation to the quality of the disease; distinction is made of the abscess *not complicated*, where all the disorder consists in the abscess alone; and the *complicated* abscess, where any *schirrus* or cancer is superadded.

§. II. CAUSES.

The inflammatory, and the tuberculous abscesses, are different diseases in their principles; and require consequently separate explanations.

I. With respect to the inflammatory abscess, I have proved in *the Treatise on Tumours*, in speaking of the suppuration, which produces it,

1°. That of the four parts which compose the blood; to wit, the red or globular part, the gelatinous lymph, which some have called, improperly, the fibrous part; the thin lymph, and the *serum*: there is only the gelatinous lymph, and the thin lymph, or perhaps even the gelatinous lymph alone, that can be converted into *pus*.

2°. That thus, in all the inflammations, which come to suppuration, it is necessary, the red part, the thin lymph, and the *serum* of the blood, stagnated in consequence of the repletion, be reabsorbed, or dissipated by evaporation, in such manner, that there shall remain, in the part affected, only the gelatinous lymph, which must be changed into *pus*.

3°. That even this lymph, to become true *pus*, must undergo several changes; and that it is necessary, 1°. It become capable of remaining fluid, even in a cold state; whereas before it concreted on growing cold, in the manner of ice. 2°. It acquires the property of dissolving in water, like soap; whereas before it was indissoluble. 3°. It becomes saltish, acrid, corrosive; and whereas before it was sweet, and insipid. 4°. It contracts some smell, and this a fetid one; whereas before it had no smell. 5°. It becomes opaque, and of a grey colour, inclining to that of ashes; whereas before it was transparent, and of a whiteness inclining to that of milk. 6°. It augments in weight, even so as to sink in water; whereas before it was lighter than water, and remained suspended in it; &c. For these are so many differences which distinguish the natural state of the thick lymph, from that of *pus*.

4°. That

4°. That all these changes necessary to convert the gelatinous lymph into *pus*, are really wrought by the continued succession of the oscillations of the replete vessels, which, incessantly beating, shake, rub, and triturate the parts of the gelatinous lymph; and bring on them gradually all the different changes, we have been enumerating; by a succession of alterations easy to be conceived: but the particulars of which, I do not think it to the purpose, to enumerate here.

I shall confine myself, therefore, to the remarking, that the application of this general theory of inflammatory abscesses, is sufficient to explain the particular generation of inflammatory abscesses of the *uterus*. For it is evident; 1°. That the continued oscillations of the vessels of the place of the *uterus*, which is inflamed, must either absorb, by way of resolution, or dissipate by way of evaporation, the red part; the *serum*; and even the thin lymph of the blood, which is stagnated there.

2°. That the gelatinous lymph, which remains there alone, and which continues to be subjected to the action of the repeated oscillations, must receive gradually the changes necessary to make it acquire all the qualities of *pus*; such as have been explained.

3°. That this remarkable conversion of blood into *pus*, must never happen in inflammations, which turn into gangrenes; because, in such case, the oscillations are destroyed too soon to produce suppuration: nor in the inflammations, which terminate in resolution; because, in such case, the blood, regaining the course of the circulation, avoids the action of the repeated oscillations, before it is converted into *pus*.

4°. That it can only happen in the inflammations, which neither turn into gangrenes, nor terminate in resolution; because in the concurrence of these two cases, on one hand, the oscillations are kept up a long time without discontinuance; and, on the other, the same blood remains always exposed to their action; which

which must produce in it, at last, the changes that convert it into *pus*.

5°. That it must scarcely ever happen sooner than the sixth day, of the inflammation, nor later than the tenth. *Not sooner* than the sixth day, supposes, that the action of the oscillations must be continued during six days at least, to be able to change the blood into *pus*: *not later* than the tenth day, supposes, that the oscillations, which have wrought nothing in ten days; are too weak, in their nature, ever to produce suppuration; at least unless they become stronger; that is to say, unless the inflammation be renewed.

6°. Finally, that suppuration must begin sooner, or later, in different cases, and in different circumstances.

1°. According to the force and the greater or less frequency of the oscillations of the replete vessels; the blood being the same: 2°. According to the disposition of the blood to acquire more or less the qualities of *pus*; the oscillations operating under the same circumstances of force and frequency: 3°. According to the concurrence of these two causes united together; or, in other words, according to the force, and the frequency of the oscillations; and according to the disposition of the blood.

II. As to the *tuberculous* abscess, all the theory of it depends on the three following questions. 1°. What the tubercles are, which give rise to these abscesses? 2°. How these tubercles are formed in the *uterus*? 3°. Why they come to suppuration?

First question. Tubercles are, in general, small glandular lumps, hard, firm, compact; and covered with a smooth coat, adhering strongly. They are generally of a spherical figure, or such as approaches nearly to a sphere; but the size and number of them vary in each subject, and in each case. Sometimes they are not bigger than a pea; and there are even yet less, but they do not then merit any attention: and sometimes they are as large as nuts; and even as pigeon's eggs. Sometimes they are in great number in the parts affected; and they are then generally small;
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and sometimes they are not so numerous; and are then commonly the biggest.

The knowledge of the structure of the parts, where tubercles are most common, does not suffer any doubt to remain, that we must distinguish them into three kinds. 1°. The tubercles which are formed in the little lymphatic glands, of which all the parts are full; and which are the first sources of the lymph: 2°. The tubercles which are formed in the knots of the capillary lymphatic veins; that is to say, in the spaces betwixt the sigmoid valves, which go cross these veins at intervals: 3°. The tubercles which are formed in the glands, that belong to each part: as in the bronchial glands of the lungs, the intestinal glands, the intestines, &c.

To resume, however, the question, the tubercles, we are treating of, and which come in the *uterus*, are formed in three places. 1°. In the small lymphatic glands, which are dispersed in it: 2°. In the knots of the capillary ramifications of the lymphatic veins, which creep under its coats: 3°. And in the lactiferous vessels, which belong to it; and of which the structure, and the uses, are particularly explained in *Chap. I. of the first Book*.

Second question. As the tubercles of the *uterus* are always, from their essence, tumefactions, or repletions, which are made either in the lymphatic glands, in the lymphatic veins, or in the lactiferous vessels, it is necessary, in order to their production, that the lymph stagnate, and be accumulated in the glands, or in the lymphatic veins, of the *uterus*, in the two first cases; or the uterine milk, in the lactiferous vessels of the *uterus*, in the third case.

For the lymph, and the uterine milk, can stagnate, or be accumulated, in their respective reservoirs, only from three causes: 1°. either because these humours are too thick to circulate as they do commonly; 2°. or because the canals, by which they should circulate, are too strait to afford them a free passage; 3°. or because, on the one hand, these humours are too thick; and,

on the other, at the same time, the canals are too strait.

These three orders of causes will be more amply examined below, in speaking of *schirrusses*. It is sufficient to remark here ; 1°. That the first case, or, in other words, the thickening of the lymph and the milk of the *uterus*, may proceed, 1°. from the use of gross food, which supplies a gross chyle : 2°. from the bad digestion of the food, even the best, which produces a chyle badly elaborated : 3°. from the introduction of some venereal, scrophulous, scorbutic, &c. ferment into the blood, which thickens it : 4°. from some sudden cold, which may affect the *uterus* through any casual accident, and thicken the humours that circulate in it.

2°. That the second case, or, in other words, the straitning of the canals in which the lymph and the milk ought to circulate, depends always on an *erethismus*, that is to say, on the convulsive contractions which come on in the fibres of the *uterus* ; by the intromission of virulent *semen* ; by the detainer of the *fluor albus* in an acrid state ; by the use of some irritating or corrosive injection ; by some blow or bruise of the *uterus* ; and by some violent passion of grief, anger, or joy, &c. particularly in the time of the *menfes* or *lockia*.

3°. That the third case, or, in other words, the concurrence of the two first, proceeds from the affinity of particular causes to these two cases ; which often gives rise to a concurrence of the causes, that have relation to each other.

It results from thence ; 1°. That the number of tubercles in the *uterus*, depends on the greater or less universality of the causes which produce them. Thus the more the thickening of the lymph, or milk, is general ; or the more the convulsive constriction is extended in the *uterus* ; and the more the lymph or uterine milk will stagnate in the greatest part of their reservoirs ; which will produce a greater number of tubercles :

bercles : but, on the contrary, in the opposite case, there will be much fewer.

2°. That the magnitude of the tubercles depends on the degree of the dilatibility of the glands, veins, and replete vessels ; and on the degree of force, with which the lymph or the milk is there propelled. Thus, the more these glands, veins, or vessels, are easily dilatable, the more the lymph, or the uterine milk, will be there strongly propelled ; and the more the tubercles will grow large. Their growth will, on the contrary, be much less in the opposite case.

3°. That the hardness of the tubercles depends on the thickening of the lymph, or of the uterine milk. Thus the more quickly and greatly these humours grow thick, the more the tubercles will be hard and compact : they will, on the contrary, be less hard, and compact, in the opposite case.

4°. Finally, that the tubercles, however hard they may seem, are always more so at their border, than at their center. The humour, which forms the border, is always that which stagnates the first ; and it must, consequently, be the most thick. On the contrary, the humour which is in the center, has always been collected the last ; and must therefore have most retained its fluidity.

The third question. The tubercles of the *uterus*, as well as those of all the other parts, often come to suppuration. This suppuration begins always in the center ; because there the humour is most fluid, as has been shewn already ; and consequently the most susceptible of the effects, which must convert it into *pus*.

This suppuration of tubercles can only be attributed to the too violent strokes of the arteries, which surround them. It is apparent there is nothing, but these redoubled beatings, which has power to agitate, beat, shake, and triturate the lymph, that is in the middle of the tubercle ; to introduce gradually there the changes necessary to form it into *pus*, nearly in the manner, that it has been shewn, these same

strokes convert the gross lymphatic part of the blood into *pus*, in the case of inflammations.

From thence it results, that the tubercles never suppurate; but when the beating of the arteries is augmented in the neighbouring parts, by some inflammation which has come on there, by blows, hurts, or bruises, to which these parts are exposed; by the immoderate use of food, that is acrid, spirituous, or heating, which agitates the blood, and augments the beatings of the arteries; or by watchings, violent passions, over great exercise, improper use of dissolvents, &c. which produce the same effect.

Whatever relation, nevertheless, there may be betwixt the suppuration of tubercles, and that of inflammation, the *pus* is not the same in both these cases. That proceeding from inflammations is white, thick, equal and uniform; and that from tubercles is serous, grey, unequal, grumous and viscid. Moreover, the one is formed of the gelatinous lymph of the blood, more susceptible of the alterations which constitute *pus*; and the other of common lymph, or of some particular humour; less susceptible of such alterations. The one is formed by the strokes of many arteries, which beat with force; and the other, by the distant strokes of some arteries which beat weakly.

The slowness, with which tubercles suppurate, must be also attributed to the quality of the matter which suppurates in the tubercles; and to the small degree of power of the causes which produce the suppuration. Sometimes the suppuration, already begun in a tubercle, remains many months without increasing; or if it increases, it is only by degrees, that are scarcely perceptible; but it increases at last: the matter reduced to a suppurated state, enlarges gradually, and rarefies: and the tubercle is distended; softens; grows thin; and forms at length a bag or *cyst*; or, in other words, a *tuberculous* abscess.

What is said of one tubercle agrees equally with several, when there are several in the same part: as
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the same causes act nearly in the same manner upon the tubercles which are nearly the same, they must produce nearly the same changes in them. From thence it proceeds, that the suppuration of one tubercle foretels, almost always, the suppuration of several others, which suppurate some times at the same period; sometimes successively, according to the different application of the causes that make them suppurate, and the different quality, or consistence, of the humour they contain, which is to be reduced to a state of suppuration.

§. III. SYMPTOMS.

1°. When the abscess is only forming, the matter which suppurates must, by rarefying in the diseased part, distend in it the nervous *fibrillæ*; compress the capillary vessels; stop the whole course of the blood; and render the beatings of the arteries more strong: and thence augment in it the tension, pain, and heat.

2°. But, so soon as the abscess is formed, all these symptoms diminish; either because then the *pus* does not rarefy any longer; or rarefies only in a less degree; or because the solution of continuity, which the suppuration has made, relaxes, and renders more loose the vessels, and the fibres of the part.

3°. As long as the *pus* stagnates in the abscess, one part of it must be taken up again, and reabsorbed by the blood-vessels, or rather the lymphatic vessels, which are near, to pass into the blood: and this part of the *pus*, which passes insensibly into the blood, must therefore keep up a tendency to a slow fever; because of the acrid salts with which it is charged, that divide the mass of the humours; and irritate, at the same time, the heart and arteries to more strong and frequent beatings.

4°. This passage of *pus* into the blood may be augmented by different accidental causes: such as watchings, pain, motion of body, inquietude of mind, application of remedies, constriction of the diseased part,

&c : and then, the *pus* passing into the blood, in gross drops, or flakes, will thicken it so much, that it will not be intimately mixt. From whence proceeds the shiverings common in abscesses : which are more or less frequent, sensible, and regular, according as this abundance of *pus* passes into the blood, more or less quickly, and in greater or less quantity.

5°. In proportion as the flakes of *pus* are more intimately mixt with the blood, the shivering diminishes ; and the fever displays itself : because then the salts of the *pus* act freely, and efficaciously, on the blood, heart, and arteries. From whence arise the fits of fever, that follow the shiverings ; which are longer or shorter, according to the quantity or quality of the *pus* which produces them ; and terminate in colligative sweats, caused by the liquefaction of the blood.

6°. From what has been said it follows, that abscesses, particularly those of the *uterus*, always bring on a slow fever ; which continues as long as the *pus* stagnates there ; and which is attended with *paroxysms*, that are irregular, but always preceded by shiverings, and followed by sweats. To this habitual fever, and the liquefaction of the blood, which it causes, must be imputed the tabidness, wasting, and decay, of the patients.

7°. When the *pus*, which passes into the blood, is very copious, or thick, it can scarcely be all dissolved there ; or, at least, it is dissolved with difficulty : which occasions, that several flakes, or drops, of *pus*, suffer themselves to be carried off by the *serum* of the urine ; and are separated, together with it, by the kidneys ; causing the urine to be foul, turbid, and fetid ; and to deposit a purulent sediment, on standing.

8°. These different symptoms, which are very observable in the inflammatory abscesses ; because in them the *pus* is at liberty to extend itself in the part, and to pass from thence into the blood ; do not appear in the tuberculous abscesses, so long as the *pus*

is inclosed in the tubercle, of which the thickness of the *cyst* does not permit it to escape: but they shew themselves at last in these abscesses, the same as in the inflammatory, when the *cyst* breaks; and the *pus* begins to spread in the texture of the part.

9°. *Pus*, inclosed in the cavity of an abscess of the *uterus*, has the power of enlarging such cavity; of spreading; and of opening itself, at last, a passage out, either towards the inside of the *uterus*; in which case it is discharged by the *vagina*; or towards the outside; where it may take various courses. For sometimes it penetrates into the bladder, or the *rectum*; and comes away with the urine, or the stool. Sometimes it insinuates itself along the membranes, which sheath the round ligaments of the *uterus*, or on the side of the *vagina*; and makes a deposit in the groins, or in the lips of the *vulva*: and sometimes, moreover, it flows into the cavity of the *abdomen*; and is collected there, without any means of being discharged. These different courses which the *pus* takes, depend on the situation of the abscess. When it is on the internal surface of the *uterus*, which is the most common case, it opens into the inside of the *uterus*: but, on the contrary, into the outside, when it is on the external surface: which is, however, more rare. In this last case, the opening of the abscess is made into the bladder, *rectum*, sheaths of the round ligaments, or cavity of the *abdomen*, according as the place, where the abscess has its seat in the *uterus*, is contiguous to the bladder, or the *rectum*; as it corresponds with the origin of the round ligaments, from whence the *pus* may find a passage into the sheaths, which cover them: or as the abscess occupies the lateral parts of the neck of the *uterus*, from whence the *pus* may glide along the *vagina*, or even the bottom of the *uterus*; where, after having pierced the *peritonæum*, which covers that part, it may escape into the *abdomen*.

§. IV. DIAGNOSTIC.

I. *Diagnostic of the disease.* There is reason to apprehend an inflammatory abscess, as a consequence of all the inflammations of the *uterus*, when there is not, towards the tenth or twelfth day, proofs of a perfect resolution: but that, on the contrary, the *uterus* remains hard, distended, and painful.

It affords almost certain criterions of an abscess of the *uterus*, when, instead of the resolution which was expected, it appears, that the pain, tension, and heat of the *uterus* increase; and the fever returns without any manifest cause.

In short, there can be no doubt of an abscess in the *uterus*, when there remain, in this part, swelling, weight, and a dull pain, attended with a slow fever, subject to irregular *paroxysms*, preceded by shiverings, and followed by sweats; which gradually waste the patient; and throw her into a *marasmus*.

The criterions of an abscess of the *uterus*, that arises from a tubercle suppurated, are less certain. In the beginning, there is not any indication of it. Slight grounds of suspicion arise in proportion as the tubercle increases: because the patient complains of tension, and constant pain, in one particular place in the *uterus*. At length these suspicions give way to certainty, when the tubercle opens into the substance of the *uterus*: because, then the *pus*, which is discharged, brings on the same accidents as in the inflammatory abscess; but in a less degree; as the discharge of *pus* is less.

II. *Diagnostic of the kinds of the disease.* 1°. The abscess *which is forming*, is distinguished by the increase of the pain, heat, and tension of the *uterus*; and by the return of the fever: and the abscess *which is formed*, by the diminution of the same accidents; and by the slow fever, shiverings, *paroxysms* of the fever, and sweats that follow; and bring on the *marasmus*.

2°. *The place* of the abscess is judged of by the knowledge of the part of the *uterus*, where the patient feels the principal pain; and where the greatest resistance is found.

3°. *The extent* of the abscess is presumed from the extent of the tension, and pain; and from the magnitude of the *uterus*.

III. *Diagnostic of the causes.* It may be taken for granted, the abscess is *phlegmonic*; when it succeeds to an inflammation of the *uterus*, of which the resolution could not be effected; or was made imperfectly. The progress of this kind of abscess is always apparent, and quick.

Such as happens, on the contrary, without any inflammation; and of which the progress is slow, and the symptoms never violent; as those of the *phlegmonic* abscess; must be regarded as a *tuberculous* abscess.

§. V. PROGNOSTIC.

I. An abscess of the *uterus*, is a disease always very dangerous, in whatever state it be considered; whether when remaining closed, and without vent; or when ready to open.

In the *first* case, 1°. The *pus*, which stagnates in the abscess, passes insensibly into the blood: and there keeps up, as has been said, a slow fever; that undermines the patient, and ends in a consumption or dropsy.

2°. If the *pus*, inclosed in the abscess, be thick, it indurates the surrounding substance: which becomes at first callous; and, at last, even cancerous.

3°. But if the *pus* be fluid and acrid, it destroys gradually the parts into which it insinuates itself; and causes such a dissolution of the texture, as brings the *uterus* to a state of putrefaction and gangrene.

In the *second* case, 1°. It cannot be known on what side the abscess will open. If it open in the cavity of the *abdomen*, in consequence of the *pus* being discharged and accumulated there, a gangrene will infallibly follow.

2°. If

2°. If it open into the bladder, or the *rectum*, the *pus* may be evacuated in either case: the consequence of which will be, that the patient will continue a somewhat longer time, but will be destroyed at last by the slow fever.

3°. There is a little more hope, when the abscess presents itself to the groins, or the lips of the *vulva*: because a more easy discharge may be procured to the *pus*; and the disordered part better deterged. But even in this case, it often happens, the ulcer cannot possibly be healed.

4°. Finally, when the ulcer opens, on the inside, which is commonly the most favourable, there remains, in the *uterus*, an ulcer very difficult to be cured; and of which the consequences are generally fatal; as we shall see in the following chapter.

II. The danger, from an abscess in the *uterus*, though always great, varies nevertheless in different cases;

1°. According to the magnitude of the abscess. As a small or middling abscess, is not so dangerous of itself, as one very large, and of great extent.

2°. According to the place of the abscess. As an abscess in the *vulva*, is less dangerous than one in the *vagina*; and one in the *vagina*, than one in the *uterus*.

3°. According to the nature of the abscess. As a *tuberculous* abscess is less dangerous than a *phlegmonic*.

4°. According to the kind of abscess. As a simple abscess is less dangerous than a complicated abscess, or, in other words, than an abscess of which the surrounding parts are callous, schirrous, cancerous, &c.

5°. According to the state of the *uterus*. As an abscess which happens in an *uterus*, otherwise in a good state, is less dangerous, than one that is formed in an *uterus*, long diseased, swelled, or relaxed.

6°. According to the constitution, or age of the patient. As an abscess of the *uterus* is more dangerous in a woman infirm, cachectic, or old, than in one healthful, of a good constitution, and young.

§. VI. *Method of cure.*

There may be occasion for medical treatment of abscesses of the *uterus* in two cases. The one, when the suppuration is going on, and the abscess forming: the other, when the suppuration is completed, and the abscess formed.

I. So long as the suppuration continues, there should be no other object of care, than to moderate the heat, pain, and tension of the part; and to diminish the fever, in order to restrain the progress of the inflammation, and the extension of the abscess it brings on.

To effect this, 1°. Fresh bleedings in the arm are practised: and this is repeated as long as the strength of the patient will permit it.

2°. The use of emollient, relaxing, and anodyne medicaments is resumed, to remove the constriction of the part; and they are employed in form of injections, pessaries, cataplasms, and fomentations, in the same manner as has been laid down in the preceding chapter.

3°. The patients are confined to a strict diet, that is to say, to broths, and even to broth of veal, or chicken: supposing the weakness of the patient do not render a stronger nourishment necessary.

4°. It is to be endeavoured to keep the belly free, by the use of glysters: and even, if the violence of the fever permit it, there may be given, from time to time, apozems, that are slightly purgative, by adding to them manna, or *cassia*.

5°. Finally, if the pains be great, they are to be quieted by a moderate use of narcotics; which are given in little doses, repeated every fourth or sixth hour.

II. When the suppuration is over, and the abscess formed, nothing else should be regarded, but to procure, as soon as possible, a commodious vent for the pus, to prevent its destroying or injuring the texture of the part.

1°. If

1°. If the abscess be situated in the lips of the *vulva*, it is easy to open it, with a lancet or bistory, in the part most depending, and most proper for the discharge of the *pus*, and the dressing the ulcer.

2°. If it be in the sides of the *vagina*, it may be there also opened by an armed lancet, or with a bistory, that is introduced, applied against the fore-finger of the right hand; and of which the motion is regulated, by the help of the finger; or at least, if the *vagina* be dilated, by means of a *speculum uteri*, it may be done with a lancet or bistory, of which the motions may be then commodiously regulated.

3°. But if the abscess be in the *uterus*, there is, in that case, no other way to procure an opening, than by exciting motions capable of pressing, or shaking, the *uterus* strongly: such as sneezing, vomiting, coughing, efforts as when at stool, &c: and it is with this intention, that patients are desired to cough as forcibly as they can; and that if there be occasion, sternutatories, emetics, irritating glysters, suppositaries proper for exciting efforts to go to stool, such as will be proposed below, are employed.

With respect to sternutatories, it is generally thought sufficient to take common snuff; the powder of the leaves of betony, or of sage; or Florentine orris root. But when these powders do not act with efficacy enough, there may be mixt with them round or long pepper, root of pellitory of Spain, or of white hellebore, *euphorbium*, &c. reduced to very fine powder; of which the choice, and the dose, may be regulated by the state of the patient.

As to emetics, those most in use are the soluble tartar emetic, in the dose of three or four grains, when it is prepared as at Paris; or the emetic wine, in the dose of one ounce, or of ten drams. *Epicacuan* may also be sometimes employed, in the dose of twenty-five or thirty grains, if there be any indication that requires it: or antimonial emetics, more strong, as the powder *algaroth*, in a dose from two to four

four grains; if the ordinary antimonial emetics be found without effect: but that case is very rare.

To render the glysters irritating, two or three ounces of mercurial honey, and six drams, or an ounce of *diaphenic* or *biera picra*; or two ounces of emetic wine; are added to a common decoction.

Finally, the suppositaries are composed of two or three ounces of boiled honey, and a dram of *sal Ammoniacus*; or of common salt. There may, where there is occasion to render them more powerful, be added one dram of *biera picra*; or half a scruple of *diagrydium*; or of the troches *alahandal*.

C H A P. IV.

Of ulcers of the uterus.

§. I. DESCRIPTION.

ULCERS of the *uterus*, as well as all others, are solutions of continuity, or divisions of the substance in the interior surface of the *uterus*, which are not recent; and from whence there flows *pus*, or, at least, a purulent matter.

The accidents which precede this disease; and the symptoms which attend, or follow it; leave no room to doubt, but that these divisions are sometimes hollow, and deep, between the coats of the *uterus*; and that, at other times, they are superficial, and like gashes in the interior coat of it.

The opening of bodies of women, who have died of this disease, have confirmed the conjectures we have mentioned, on the different kinds of ulcers of the *uterus*: and they have shewn, moreover, that these slight gashes resemble sometimes *aphthæ*, more or less large, and more or less numerous, and dispersed in different places of the *uterus*; and sometimes a kind of chops, or small fissures, more or less deep,

deep, with which the surface of the *uterus* is, as it were, furrowed.

In all these kinds of ulcers, there distils into the *uterus*, *pus*, or purulent matter; which is gradually discharged externally; and marks the linnen of the patients. This *pus*, or purulent matter, is more or less copious and acrid. Sometimes it is thick; and resembles true *pus*: at other times it is more fluid; and, properly speaking, only a purulent *serum*. The colour of it varies much: it is white, ash-coloured, yellow, or green, according to different cases.

This disease is, moreover, always attended with a dull pain in the beginning: which, in the sequel, becomes more acute; and, sometimes, even cutting. These pains spread towards the loins, hips, groins, or thighs, sometimes on the right-side, and sometimes on the left.

§. II. CAUSES.

The analogy of ulcers of the *uterus* with others, of which the origin is manifest, does not admit of our doubting, they come from three causes. 1°. From an abscess, or *apostem*, which has preceded, and found a passage into the *uterus*: 2°. From *erosion* made gradually on the interior surface of the *uterus*, without any abscess having preceded: 3°. From a wound made in the cavity of the *uterus*, which has suppurated, and is become a true ulcer. These different causes merit to be explained in detail.

I. The abscess of the *uterus*, which has been spoken of in the foregoing chapter, becomes an ulcer, as soon as it opens, and the *pus* discharges from it. As the abscess forms a cavity between the coats of the *uterus*, the ulcer, which proceeds from it, is always hollow and sinuous; that is to say, winding in the substance of the *uterus*.

It has been shewn in the preceding chapters, that the abscesses of the *uterus*, are of two kinds; some *phlegmonic*, which follow an inflammation, or suppurated phlegmon; and others *tuberculous*, or *steatomatous*,

tomatous, which proceed from a tubercle, or incysted tumour; and this constitutes two different kinds of ulcers of the *uterus*.

II. The *erosion* of the internal surface of the *uterus*, is another very common cause of such ulcers. It may be occasioned by different causes.

1°. By the *fluor albus*, when very acrid, and very inveterate; which relax at first, but excoriate at last the *uterus*.

2°. By the *putrefaction* of a *fœtus*, mole, or *placenta*, retained in the *uterus*; which produces the same effect.

3°. By injections that are acrid, corrosive, and strongly styptic, which some surgeons may have imprudently advised to be made in the *uterus*, to hinder a *descensus*, or to repel the *fluor albus*.

4°. By the introduction of the depraved *semen* of a man, infected with some venereal contagion.

5°. By the acrimony of *menstrual* blood, and lymph; or of the milky humour, which gives rise to the *fluor albus*; particularly when these humours are changed by the commixture of a scorbutic, scrophulous, or venereal *virus*, with which even the blood of the patient is infected.

III. It is rare, the *uterus* is exposed to wounds, properly so called. But it may, and often does, happen, that it is wounded, or cut in different manners.

1°. By some stroke of the nail of the midwife, or person, who delivers the woman, in a difficult birth.

2°. By some instrument, ill formed, or imprudently employed in the extraction of a dead child; or of the head that has remained behind in the *uterus*.

3°. By the too violent extraction of a *placenta*, strongly adhering to the *uterus*; which carries off with it some small torn portion in being separated.

4°. By the infamous means, that some unhappy women employ to wound themselves.

§. III. DIFFERENCES.

If what has been said be duly considered, and particular attention given to what is generally observed in external ulcers, it will be easily comprehended, there must be several differences in those of the *uterus*.

I. As with relation to the *immediate cause*, which produces them. Some, according to what we have before said, are the consequence of an abscess in the *uterus*: others, of an erosion, which is gradually made: and others still, of the division, or tearing off the skin, in the anterior surface of the *uterus*.

II. With relation to the *antecedent cause*, on which they depend. Some come from a venereal *virus*, latent for a long time in the blood, or more recently received in the *uterus*: others, from a scorbutic, or scrophulous ferment, with which the blood is infected: and, according to the difference of these causes, the ulcers are distinguished into *venereal*, *scorbutic*, and *scrophulous*. But when there is no reason to suspect any of these causes, the ulcer is regarded as *simple*.

III. With relation to the *place* where they are situated. There are ulcers situated even in the *fundus* of the *uterus*: others in the sides; on the right, or on the left-hand; or in the upper, or lower parts: and others, moreover, even at the orifice of the *uterus*. The ulcers also, at the bottom of the *vagina*, are regarded as ulcers of the *uterus*.

IV. With relation to the *quality* of the ulcer. For some have their edges supple, and soft; and bear the name of *simple*, or *kindly* ulcers. Others have their edges hard, and resisting; and bear the name of *schirrous*. These schirrous edges become often painful, and subject to frequent shootings: and then the ulcers are considered as *carcinomatous*; and even as true cancers: according to what will be shewn below.

V. With relation to their *manner* of spreading in the *uterus*. For some attack only its interior coat;
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and make a great progress; and such are called *superficial*, or *erysipelatous* ulcers. Others spread less in extent, but increase their magnitude more in depth; and such are called *cavernous*, or *profound* ulcers; which become at length *sinuous*, or *fistulous*, according to the nature of the hollows, which are formed in the substance of the *uterus*.

VI. With relation to the communications, which they have with the neighbouring parts. For sometimes an ulcer, in the interior part of the *uterus*, penetrates into the *rectum*, that is contiguous; and sometimes one in the superior part penetrates into the bladder; which happens, in the same manner, to ulcers in the bottom of the *vagina*, when they are cavernous and deep. This particularly holds good, with respect to ulcers in the lateral parts of the *uterus*, which glide sometimes along the round ligaments, and make a way out at the groins, on either side.

§. IV. SYMPTOMS.

I. In every ulcer of the *uterus*, a continual discharge of *pus*, which the ulcerated place affords, is made by the *vagina*. In those, that come on from the opening of abscesses, this *pus* is copious: because it is supplied by the abscess. It is also thick, and has most generally the qualities of laudable *pus*, except in a few particulars. But as soon as the abscess is empty, the *pus* runs less copiously, and what does run, is much more serous.

II. In ulcers which come from the erosion or laceration of the *uterus*, the *pus*, which flows, is less copious in the beginning; particularly in those that are caused by erosion; to such a degree, that the women scarcely perceive it at all. But the quantity of this *pus* increases, when the ulcer grows bigger, by spreading, or by going deeper. In this case, the *pus* is commonly serous, lymphous, and viscid, in such manner, that there is a difficulty, sometimes, in judging of its quality. But in proportion as the

ulcer enlarges, the *pus* becomes more copious, and of a nature more easy to be judged of.

III. As a recent ulcer of the *uterus* possesses commonly only a small place in it; and the natural conformation of the *uterus* is preserved in all other points, menstruation is then performed with the same regularity, as in the natural state. But it is more painful: because it brings on always a phlegmonic repletion in the edges of the ulcer. Sometimes this regularity is continued for a long time; because the ulcer makes only a slow progress. But it ceases at last, and the *menfes* are disordered, or suppressed, when the repletion, produced by the ulcer, is extended over the whole, or almost the whole, of the substance of the *uterus*.

IV. The ulcer in augmenting, often exudes the little blood-vessels, both arterial and veinous: and the blood, which runs from them, is mixt with the *pus*, which the cavity of the ulcer furnishes; and renders it bloody, or simply sanious, according as the vessel, which supplies it, is more or less large, or open; and as the blood which comes out, is more or less copious. It sometimes happens, the exuded vessel is big enough to give occasion to a considerable hæmorrhage, or loss of blood, capable of bringing the patient into danger; especially when the divided vessel is arterial.

V. The *pus* which flows from the ulcers of the *uterus* is sometimes pretty sweet, without too much smell; and does not exude either the *vagina*, or the *vulva*. But at other times it is acrid, fetid, corrosive, and capable of exciting a *phlogosis*, and making excoriations in the parts through which it passes. These differences come in general from two causes: from the quality of the blood; which determines, all other things being equal, the quality of the *pus*, that comes from it: and from the longer or shorter stay which the *pus* makes in the *uterus*; where, however sweet it may be, it must contract great acrimony by

by remaining there; particularly when the *uterus* is much heated.

VI. In all ulcers of the *uterus*, the nervous filaments, distributed on the lips of the ulcers, are exposed to the action of the *pus*; that irritates them, or puts them in motion; which produces a pain in the part: from whence it results, that every ulcer of the *uterus* is painful.

VII. This pain is slight, and consequently but little perceptible, when the edges of the ulcer are not inflamed; the *pus* is sweet, and but in a small degree corrosive; and the ulcer seated in a part of the *uterus* not very sensible, such as the *fundus*, or the sides. It is greater, in the contrary cases, when the lips of the ulcer are inflamed; the *pus* acrid; and the ulcer seated at the neck or orifice of the *uterus*, where the sensibility is greater.

VIII. The pain in the ulcers of the *uterus* may differ, also, according to the state of them. If they be schirrous, the *pus* cannot make any impression on them, or only a slight one. In this case, therefore, the patients feel no pain, or but very little. On the contrary, they feel very acute pains, which will increase with shootings, if the schirrous ulcer become *carcinomatous*, from the reasons that will be explained hereafter in the *Chapter of cancers*.

IX. So long as the *pus* is sweet, and freely discharged, the ulcer does not become schirrous; particularly when the patient's lymph is naturally fluid. But every ulcer becomes schirrous, from the contrary reasons, when the *pus* is acrid; and, by exuding the fibres of the edges, makes them contract, and obstruct there the course of the lymph: and when, moreover, the lymph is, of its own nature, thick, viscid, and disposed to be easily obstructed. It is, in this manner, that ulcers badly deterged generally become schirrous.

X. The women affected refer to different places, the pain they feel, according to the seat of the ulcer which produces it. They refer it to the kidneys;

or, to speak more properly, the lower part of the loins; and to the *os sacrum*; when the ulcer is in the *fundus* of the *uterus*: to the right or left hip, when the ulcer is in the right or left side: to the *anus*, or to the bladder, when the ulcer is in the orifice of the *uterus*, or the bottom of the *vagina*: and when the ulcer is at the origin of either of the round ligaments, they refer the pain to the groin, on the same side; and to the inner part of the thigh; where it is known these ligaments terminate, and spread themselves in form of an *aponeurosis*.

XI. When the ulcer is in the anterior part of its neck, or of its orifice; or in the anterior part of the bottom of the *vagina*; the heat, and the *phlogosis*, which attend it, communicate themselves to the neck of the bladder, that is very near; which causes a frequent desire to make water, and even a difficulty in voiding it, according as the cause increases: but in these cases the *alvus* is freely voided, and the patient goes to stool without pain. It is wholly otherwise, when the ulcer is situate in the posterior sides of the neck of the *uterus*, or of the bottom of the *vagina*: for then the *phlogosis* communicates itself to the *rectum*, that is contiguous; which occasions a *tenesmus*, or frequent want of going to stool; and exposes the patient to pains when she really does go; particularly if the *feces* be hard: but, in this case, the patients discharge the urine freely, and without pain. It often happens, in the same circumstances, that the piles come on round the fundament.

XII. The bladder, and *rectum*, frequently participate in a more evident manner with ulcers of the *uterus*. For when an ulcer is seated in the anterior side of the neck of the *uterus*, or of the bottom of the *vagina*, and is deep and fistulous, it makes its way gradually into the bladder; and then the patient voids the urine through the *vagina*. On the same account, when the ulcer is seated in the posterior side of the same parts, it penetrates gradually even into the *rectum*; and then
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the excrements, when they are liquid, are discharged in part by the *vagina*.

XIII. In the ulcers of the *uterus*, the ulcerated place grows thick throughout its whole extent, which augments the volume of the *uterus*. This augmentation, which is small in the beginning, corresponds with the ulcer itself in its progress. In these simple ulcers, where their lips preserve their natural suppleness, the *uterus*, although swelled, remains soft: but it becomes hard, and resisting, when the ulcer becomes schirrous.

XIV. In all ulcers of the *uterus*, women have pain, when they have commerce with their husbands: but this pain is not always the same. It is in general more slight, when the ulcers begin; particularly if they come from erosion, or any hurt: and it varies much at all times, according to the place of the ulcer. When it is at the *fundus*, or the sides of the *uterus*, the pain is more tolerable: but it is insupportable, when the ulcer is at the neck of the *uterus*, or at the bottom of the *vagina*.

XV. In the beginning of ulcers of the *uterus*, there is no fever, or only such as is slight. But gradually, a slow one comes on, by the mixture of the parts of the *pus* with the blood: and the pain the patients feel, does not a little contribute to it. This fever is slow from its nature; but has a *paroxysm* every evening. The *paroxysms* which attend it, vary in the patients, according as the ulcer is deep, extended, and unkindly: as the *pus* is copious, or acrid; or stagnates in an ulcer badly deterged: and as the pains are acute, and more or less frequent.

XVI. Finally, the patients, wasted by this slow fever, fall into a *marasmus*; and are brought to their end at last, either by the tumefaction of the inferior extremities, which increases more and more; or by a colliquative *diarrhœa*.

XVII. The greatest part of the accidents, that have been spoken of, at least with relation to the pain, and the places to which the women refer it, occur

together, though but weakly, whenever there is any swelling, or tension, in any part of the *uterus*, although without any ulcer; and there is reason, in such case, to apprehend it will terminate at last in a real ulcer, if proper means be not used, to remedy it.

§. V. DIAGNOSTIC.

The diagnostic of the ulcer of the *uterus* becomes clear by degrees, as that of other diseases.

I. The first point to be inquired after, is the existence of the ulcer: which may be ascertained without difficulty, 1°. By the seat of the pain, which the patient feels; the place to which she refers it; and the increase of this pain at the approach of the *menfes*.

2°. By the discharge of a purulent matter, with which the shift is constantly spotted. There is sometimes, in the beginning, some difficulty to distinguish the purulent discharge from the *fluor albus*; particularly when the ulcer is the consequence of the *fluor albus*, from its too acrid state. The distinguishing them may, nevertheless, be accomplished, if attention be given to the pain of the *uterus*, which always accompanies the ulcer; and which is not found to attend the *fluor albus*. This doubt will not, however, last long in any case: for the ulcer going on to increase; the increase of the pain; the tumefaction of the *uterus*; and the quality, smell, and colour of the *pus*, that flows from it; give but too much light into this matter.

After all, there can be no doubt, except with relation to the existence of the ulcers, which are made passively, and insensibly, by the erosion, or the laceration of the interior surface of the *uterus*. For, as to those which follow abscesses, the causes that precede them; and the copiousness with which the *pus* runs, when the abscess is opened; do not permit any doubts to remain for a moment.

II. As soon as there is evidence of the existence of an ulcer, and even before there be a positive certainty, it is proper to investigate the immediate cause, that has given rise to it.

1°. It is certain, by what has been already said; that whenever the *pus* flows copiously, and of a sudden, after an inflammation brought to suppurate, the inflammation, and a consequential abscess, should be regarded as the only causes of this kind of ulcer.

2°. But when the ulcer is formed passively, and insensibly, and the *pus* begins to appear gradually; erosion, or the division, of the interior surface of the *uterus*, should be taken as causes of these ulcers. It must be attributed to erosion, where any of the causes, capable of exuding the *uterus*, that have been enumerated in this chapter, under the article of *Causes*, has preceded: but to division, where there has been no cause of erosion; and that there is just reason to suspect the *uterus* has been exposed to some means of division.

III. The third step to be taken in the diagnostic of ulcers of the *uterus*, is to determine the antecedent causes that may have given rise to them. To which end, the state and constitution of the patient must be examined with care, in order to the judging, if there are warrantable suspicions of the venereal disease, *scrophula*, or scurvy: if the patient, without being affected with any of these diseases, be of a cachymic habit, capable of producing or promoting an ulcer in the *uterus*: and, moreover, if in the absence of all these causes, the ulcer may be attributed solely to any of the adventitious causes, that we have enumerated.

IV. There remains nothing more to be done after this, than to decide on the different nature of the ulcers,

1°. With relation to the *place* where they are seated; which may be easily enough discovered, particularly when the *uterus* is tumefied, by the touch only: by putting the hand on the *uterus*: by the knowledge

of the places to which the patient refers the pain, such as the loins, or *os sacrum*, the hips, the groins, or the inner parts of the thighs: but more certainly yet, by the introduction of the finger into the *vagina*, when the ulcer is at the orifice of the *uterus*, or the bottom of the *vagina*.

2°. With relation to the nature of the ulcer, it is known to be *phlegmonic*, when the *uterus* is very hot, and painful; the fever very great; and the *pus* thick: *oedematous*, when the heat and the pain of the *uterus* are less; the fever moderate; and the *pus* serous: or *schirrous*, when the *uterus* is almost void of feeling, and appears hard and resisting, either when handled on the outside, upon the hypogastric region; or when touched within, through the *vagina*.

3°. With relation to the communication of the ulcer with the neighbouring parts. It is judged to communicate with the bladder, or the *rectum*, when the *pus* escapes with the urine or the excrement; or when the urine and excrement come out by the *vagina* wholly, or in part.

§. VI. PROGNOSTIC.

I. An ulcer of the *uterus* is a disease always attended with danger. 1°. In that it is seated in an internal part, to which it is difficult to convey the medicines necessary to deterge and cicatrize it. 2°. In that the part, where it is seated, is nervous, and sensible; which causes very great pains, and brings on many bad accidents. 3°. In that it is almost always promoted by the bad quality of the blood, which is deposited on the ulcerated part.

II. Such an ulcer is, at the same time, a very humbling disease to women, in that it exposes them to very disagreeable means of cure. It may, therefore, be regarded, when it happens to those who have merited it by their faulty conduct, as the punishment of their prostitution: but the virtuous women, who are afflicted with it, are only to be much pitied.

III. To make a certain prognostic on the ulcers of the *uterus*, it is requisite to distinguish those, which
come

come in consequence of an abscess that is opened, and which of course is formed suddenly, from those which are produced passively, and insensibly, by the erosion or the division of the internal surface of the *uterus*.

IV. An ulcer, that comes from an abscess, pours out a large quantity of *pus* at first; and causes a great alarm; but being once emptied, when there is no antecedent causes to support it, the discharge of *pus* diminishes considerably; and all the accidents subside gradually.

V. When the quantity of *pus* decreases every day; when the *pus* discharged is white, thick, and uniform; and not fetid, nor corrosive: when the patient does not perceive any more pain in the *uterus*, or but very little: when the *uterus* is supple, and there does not remain any more tumefaction, or resistance: when there is no fever, or such only as is slight, and declining from day to day: and when the patient ceases to grow lean, or even begins again to be plump: there is room to entertain hopes; particularly when all these signs concur at the same time. But, on the contrary, there is all the reason that can be to fear fatal consequences, in the opposite cases.

VI. In general, the ulcers of this kind terminate well, when they happen to a woman in other respects healthful; and of whom the blood is not depraved: when the *uterus* is in a good state; not schirrous, obstructed, nor relaxed, but preserves its natural elasticity: when the inflammation, and the abscess, that gave rise to it, proceeded from a cause purely accidental; which does not suppose any antecedent fault, either in the *uterus*, or the blood; and when the ulcers themselves are small; and consequently soon dried up. But it is intirely the contrary, in the opposite cases.

VII. With regard to the ulcers of the *uterus*, which come from erosion or division, and which are formed insensibly and gradually; it is necessary, in order to make a certain prognostic on them, to distinguish them into *imminent* ulcers, which have not yet begun: *incipient* ulcers, where the erosion, or division of the *uterus* begins to throw out some purulent *serum*: and
confirmed

confirmed ulcers, when the erosion, or division, suppurate copiously; and there is already a material loss of substance.

VIII. The ulcers of the *uterus*, only imminent, may be prevented, by employing the proper remedies quickly; and continuing them a long time, to be secure against the danger. The earlier they are taken; the more the patient is of a good habit; and submits with a strict conformity, to the means of cure that are advised; and the greater reason there will be to hope for good success.

IX. When the ulcer is actually formed, and the humour, which runs from it, becomes purulent, the prognostic is very uncertain. The patients are sometimes cured, when they are of a very good habit, the disease yet slight, and none of the means proposed for the cure neglected. But it happens more frequently, the patients are lost by the bad state of the *uterus*; the depraved quality of the blood; the uneasiness to which they abandon themselves; and their want of due conformity.

X. A *confirmed* ulcer must be regarded as mortal. There are, it is true, accounts of some that have been cured: but they are too few to form any principle, and weaken the justness of the prognostic we have above established.

XI. To what we have said, may be added, the following reflections: which furnish some differences in the particular prognostic of these ulcers.

1°. An ulcer in the *uterus* is, all other things being equal, more dangerous than one in the *vagina*: and one in the orifice of the *uterus*, than one in its substance.

2°. In the same manner the phlegmonic ulcers, of which the edges are inflamed; the schirrous ulcers; and the carcinomatous ulcers; always are regarded as mortal.

3°. There is even reason to despair of those ulcers of the *uterus*, which, by exuding the intermediate substance, make their way into the bladder, or the *rectum*.

XII. It

XII. It is important to observe, that the ulcers of the *uterus*, which depend on a venereal cause, are often perfectly cured by the use of mercurial friction: which is the specific remedy of the venereal disease. But, in order to hope for this success with some confidence, it is requisite that the venereal contagion be the only cause of the disorder; the ulcer recent, and not very deep, without callosity, cancerous disposition, or having affected the neighbouring parts.

XIII. In general may be considered; 1°. All the ulcers of the *uterus*, which are fistulous, corrosive, and phagedenic; furnish *pus* that is acrid, fetid, and copious; and cause violent pains.

2°. All those of long standing, that are joined to a slow fever, *marasmus*, and the tumefaction of the extremities; to nocturnal sweats; or to a colliquative flux of the belly.

3°. All those which are already carcinomatous, or on the point of becoming so: which is foreshewn by the shooting pain the patient feels in the part.

XIV. It is known by experience, that ulcers in the *uterus* are more rapid in their progress, more painful, and generally more dangerous, in women who have yet their *menfes*, than with those in whom they have ceased. In the first, there is produced, every month, a tumefaction of the vessels in the *uterus*, that augments the *phlogosis* in the edges of the ulcer; which causes there a more acute pain; and a more copious and acrid suppuration: whereas the women, who have no *menfes*, are exempt from these accidents; and, for this reason, the ulcers of the *uterus* are, in their case, more supportable, and generally less rapid in their progress.

Method of cure.

In practice, only three kinds of ulcers of the *uterus* are known, the *simple* ulcer, the *venereal*, and the *carcinomatous*. We shall speak here only of the two first kinds; and resume afterwards, what concerns the carcinomatous ulcer, in the *Chapter on cancers of the uterus*.

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The method of cure of the two kinds of ulcers, of which we have just spoken, includes many different cases, that will be treated of in as many articles. It will be, 1°. shewn what conduct ought to be directed, and what remedies generally to be employed in all these kinds of ulcers. 2°. What treatment is particularly proper in the *imminent* ulcers, prognosticated by the constant, or frequent pain, in one place of the *uterus*, attended with an irregular discharge of blood, and the *fluor albus*. 3°. What is the most safe and efficacious method of treating the *confirmed* ulcers of the *uterus*, when they are *simple*. 4°. How the *ulcers* ought to be treated when they are *venereal*, or attended with strong ground of reason for their being supposed so. 5°. What is the palliative cure, that ought to be attempted, when there is no room to hope for an absolute cure. 6°. What the particular remedies are, that authors propose for the cure of the ulcer of the *uterus*.

Of the conduct to be observed, and the general remedies employed in all kinds of ulcers of the uterus.

In all kinds of ulcers, two general intentions must be proposed: the one to prevent every thing that may augment repletion, or pain, in an ulcerated part; and conduce to the increase of the disease: the other to correct the bad quality of the blood, which has produced, or, at least, continues the ulcer.

I. To fulfil the first of these intentions, it is necessary, 1°. to charge the patient to abstain from all kinds of exercise; and to keep constantly laid down on a long seat. The least motion in pressing, or in moving about the *uterus*, bruises it; and augments the repletion; as the increase of pain, and the discharge will convince the patients.

2°. If the belly be not naturally open, which will scarcely happen while the patient keeps laid down, it is proper to administer, every day, a glyster or two of

warm

warm water, to facilitate the stools; and to prevent efforts that would do violence to the *uterus*.

3°. It is for the same reason fit, in the case of a married woman, that she should lie separately from her husband; and I am persuaded, that the women who might reject this advice, would reject it but once, however indifferent they may be with respect to the care of their health.

4°. It is necessary to observe a temperate and regular regimen: *temperate*; to avoid making too much blood, which would only have a tendency to tumefy the vessels of the *uterus* more and more: *regular*; in taking such food only as is easy of digestion, sweet, free from all acrimony, and affording good juices, which can produce nothing but a well-conditioned chyle, proper to sweeten the blood. On these principles, it is requisite, that such patients feed on soup, boiled rice, vermicelli, the finest kind of wheaten flour, pearl barley, lentil pottage, all dressed with fat; that they eat but little flesh, and that only of young fowls, or rabbits: that they drink no wine nor coffee; and that, above all, they avoid most strictly, salt, spice, the lean of meat, and ragouts.

5°. They should, for the same reason, guard against all the passions of the mind that may agitate it; as grief, uneasiness, and anger; and not expose themselves to too much business, which heats the blood, and accelerates the motion of it.

II. It is proper to add, to this regimen, from whence no deviation should be made, the use of medicines proper to diminish the quantity, or correct the acrimony of the blood. For this reason, 1°. bleedings in small quantity, in the arm, should be used; not only to evacuate, by that means, a part of the vicious humours; but principally to empty the vessels of the *uterus*. Wherefore, this should be more or less frequently done, as the pains of the *uterus* are more or less acute; the repletion more or less great; and the discharge more or less considerable.

2°. The

2. The patients should also, from time to time, be purged, not only to take away the bad ferment which may be formed in the stomach ; but more particularly, to evacuate a part of the humours which are in the blood. Gentle purgatives only should, however, be employed : such as manna, *cassia*, *sal de duobus*, and rhubarb ; to which must, nevertheless, be added a little senna, if the habit of the patient require it.

3°. An ablution of the blood of the patient should be made, from time to time, with diluting and cooling medicines : as whey alone, or mixt with some juice of sweetning plants ; apozems, and broths, made with sweetning and corrective plants ; as succory, borragé, lettuce, &c : or what will be more efficacious, if the season admit of it, the use of cold mineral waters. Those of Forges are very useful, if they be taken from the spring : but they are too weak to be carried to any distance. The waters of Selter, Spa, or Caranfac, lowering them with common water, if they be too strong, may be substituted for them.

4°. In the same view may be employed, baths, or half baths, slightly warm, to moderate the heat of the *uterus*. It is always a beneficial remedy : and great use should be made of it, when the season is proper ; at least, if the copiousness of the discharge do not give any obstacle to it.

5°. When an ablution of the blood has been thus made, means must be employed to sweeten it, by the use of goats or asses milk ; preferring that which can be best digested. The patient should, however, be purged, before she go into this course of milk ; which should be either taken once a day, that is, in the morning : or twice, that is, in the morning and evening. It should, moreover, be given her alone, or with two ounces of the weaker lime water ; or the depurated juice of fumitory, or agrimony.

6°. If the stomach appear in a state to bear it, the patient should drink cows milk, lowered with a third of a slight decoction of China root, which she should drink once or twice a day, accordingly as it agrees with her :

her: or if her stomach will digest it, she should take it as the whole of her food, with the common precautions.

7°. I should even advise the patient, to make an opening, by a caustic, in one of her legs; and to procure, by that means, a vent to the vicious humours of the blood. I believe, this remedy is not of great efficacy: but it is not, however, without some use; and that is a sufficient reason for employing it in a disease of so great consequence, as an ulcer of the *uterus*; in which the medicinal art has so few resources.

Of the treatment proper in imminent ulcers, fore-shewn by frequent and continual pains in the uterus, irregular floodings, and the fluor albus.

This state regards only those ulcers, which are formed without sensible appearances, by erosion or dilaceration. When patients consult a physician, who discovers it early, there may be hopes of preserving them from this disorder, that is almost always fatal, provided they will strictly conform, for two months at least, to the advice given them.

1°. They ought to observe an exact regimen, as well with respect to quantity, as quality of diet: as has been said in the preceding article.

2°. The strict conformity required must extend, in the same manner, to their conduct with regard to the passions of the mind, business, daily use of glysters, and more particularly, the state of quiet in which they ought to remain, and the position in which they ought to keep themselves. For they should not only be on a bed, or long seat; but continue laid down, or half laid down; that they may not compress the *uterus*: as they would do, if they sat up.

3°. All commerce with men should be prohibited; and for a long time.

4°. They should often use the half bath warm, in the morning fasting, or in the evening, an hour before supper: and remain there every time for an hour.

5°. They should purge, from time to time, with minoratives; as has been already observed; and drink asses or goats milk, which they find most agreeable to their stomach. They may take it once or twice a day, according as it proves beneficial to them: or may even substitute for it, cows milk, which is more common; if the patient digest it well: but in that case, they must dilute it, by adding a third part of the decoction of ground liverwort, or dog-grass.

6°. It would be very advantageous, if the patient would take milk for her whole food; either by drinking asses milk, twice every day; that is, in the morning and evening; and cows milk at two other times; that is, at dinner or supper: or by drinking cows milk four times every day. There should consequently be proper trials made of this; but with circumspection.

7°. Care must be taken, according to the circumstances, to add to the milk, once or twice a day, one or two ounces of the weak lime water: or two ounces of the depurated juice of cresses; or of a decoction of ground-liverwort.

8°. If the stomach cannot bear any kind of milk, it will become proper to make the patient take, twice every day, a draught of whey, obtained by pressure, and filtered through paper; or two draughts of broth, made with a chicken, or small piece of veal; four crawfish, bruised; and the hind parts of six frogs. If the season admit of it, the patient should drink, for her common liquor, the Forges water; or those of Spa; mixing with the last, if it be necessary, a little water to weaken it. But if these waters cannot be procured, the patient should drink, for her common liquor, a slight decoction of rice, or of dog-grass; in which has been infused, as many of the flowers of mullein, as can be taken up at several times by the finger and thumb.

9°. Recourse should be often had to bleeding in the arm: which is the most efficacious remedy in these kinds of cases. If the pains be acute, and frequent,

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the patient should be bled once, twice, or even three times, to alleviate them. When they are once mitigated, it is sufficient to repeat the bleeding in the arm, from eight to ten ounces, every month, eight or nine days before the return of the *menfes*.

10°. I have employed with success, in this case, twelve grains of *cascarilla*, in powder; either alone, or mixt with twelve grains of martial soluble tartar: which was taken half an hour before dinner, in form of a bolus. One of these medicines is a proper *tonic*, to restore the elasticity of the *uterus*, relaxed by the repletion: and the other a gentle aperient, capable of removing the repletion by degrees.

Of the method most safe, and efficacious, in an ulcer of the uterus, confirmed, but simple.

As soon as the ulcer is actually confirmed, it is proper, without neglecting the objects of attention dictated in the preceding article, to think of effecting the three general intentions, which arise in the cure of every ulcer; *to wit*, to deterge the ulcer; promote the regeneration of flesh, when it is deterged; and, afterwards, procure a *cicatrix*, when it is sufficiently filled with flesh. These intentions are absolutely the same in an ulcer of the *uterus*, as in one of the *vagina*: and, in both these cases, they are effected nearly by the same remedies. But as there is some difference in the manner of administration, it is proper to treat of them separately.

I. To effect the first of these intentions in the ulcers of the *uterus*, detersion is to be procured by different means, more or less powerful, according as the ulcer appears to be more or less fetid.

Several external remedies are employed, which are conjointly used with the internal remedies proposed in the first article: as, 1°. apozems, or broths, made with the leaves of agrimony, pimpernel, wild tansey, lions-foot, bugle, fanicle, golden-rod, and yarrow: by selecting two or three of those of these plants, which may be best approved of.

2°. Decoctions, in form of a ptisan, made with China root, cut into slices; and sarsaparilla, bruised: and even, if it be judged proper, a little guaicum wood, rasped; of which a glass or two should be given every day to the patient; provided she be fat, and her humours in a viscid state; has no fever; and feels only slight pains.

3°. Injections into the *uterus*, by means of a proper syringe. For this injection, are employed, whey with brown sugar; the decoction of barley, with honey of roses; and the decoction of the leaves of mugwort, feverfew, horehound, St. John's wort, smallage, &c: or of the roots of birthwort, orris, &c. with honey. But when it is judged, that the ulcer is more foul; which is discovered by the sanious and fetid quality of the *pus* discharged; there is added to these injections, a little of the *lixivium* of wine stalks: or, what is better, some drops of tincture of myrrh; or a little *unguentum Ægyptiacum*, or Lanfranc's *collyrium*; at first in a small quantity, but increased afterwards, if it be found proper.

4°. As it is of consequence, that these injections should enter into the *uterus*, where the ulcer has its seat, it is proper they should be made by a professor of midwifery, capable of introducing, skilfully, the end of the *canula* into the orifice of the *uterus*; and the doing this should neither be trusted to the patient, nor to any other woman, until they have been shewn the right manner of performing it.

5°. The patient is made to receive, by means of a perforated chair, the vapour which rises from a strong decoction of the same plants. But this remedy cannot be of any use; at least unless the vapour be conveyed into the wound itself, by the help of a funnel of silver or tin, well beaten; of which, the small end should be round, pierced with several holes, and long enough to reach even into the orifice of the *uterus*.

6°. It is easy to judge, that this decoction should not be very hot: that the vapour which rises, and which should penetrate into the cavity of the *uterus*,
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may be only warm : of which great care should be taken : as also not to make the injections proposed in the preceding article, more than warm.

II. When the *uterus* is supple ; and has only a small degree of tension that is not very painful : and the *pus* discharged from it is not copious, but of a good quality : there should only be employed remedies slightly deterfive, and which keep the bottom of the ulcer clean, while the resolution of the edges, and the regeneration of the flesh, are going forwards : and, by this means, the second intention is completed.

Such are, 1°. injections with the decoction of barley, or leaves of mugwort ; or of the lesser centory, with a little honey.

2°. Injections with mineral waters ; that are sulphureous ; as those of Barrege, Aix-la-Chapelle, and Aix in Savoy.

3°. The fumes or vapours of these decoctions, or waters, received by the means of a funnel, with the precautions above noted.

4°. Balsams ; as those of Capivi, Canada, or Mecca, taken by the mouth, in the dose of four or five drops of one of the three, rolled in powdered sugar ; or surrounded with syrup of capillair. In default of these balsams, even turpentine may be used, in the dose of fifteen or twenty drops, in the yolk of an egg.

III. When there is so much success, as to have the accidents cease, and the running of *pus* diminish gradually : or, at least, when that, which is discharged, is scarcely more than lymphous, it is time to desiccate the ulcer gradually, in order to cicatrize, and to effect by that means, the third intention.

To this end, 1°. should be continued the use of the balsams before proposed, to which should be added, Gordon's troches, dragons blood, myrrh, mastick, *sal sedativus* of Homberg, tacamahac powdered, &c. Two or three of these medicaments should be selected, in the proportion of eight grains of each ; and made into a little pill for one dose.

2°. There should be continued, in the same manner, injections with the mineral sulphureous waters; to which may be added, some spoonfuls of the weak lime water; or of decoction of dragons blood, or *terra japonica*.

3°. In the place of these waters may be substituted the decoction of the roots of comfrey, or of bistort; and of the leaves of plantain, shepherds purse, wild tanfy, mouse-ear, self-heal, &c: adding to them in the same manner, as to the mineral waters, some lime water, or decoction of dragons blood, or *terra japonica*.

4°. By the same means, of a funnel, are applied, the fumes of the following troches, which are put on a burning coal, in a chafing-dish, under a perforated chair. They are made with myrrh, mastich, gum tacamahac, *labdanum*, and frankincense, the whole powdered, mixt in equal parts, and incorporated, by means of some drops of turpentine, or balsam. There must be great care taken, that these fumes, which are very hot, when they rise, reach the *uterus* only in a small proportion. On this account they should put very little of the troches on the fire; or have very little of the fire itself; and keep the chafing-dish at a sufficiently great distance from the funnel.

5°. The patient is every day made to take one or two glasses of a decoction of China root, and wood of the mastich tree, rasped; which has been made by boiling, in the proportion of one ounce of each to four pints and a half of water, reduced to two quarts.

6°. However tedious this treatment may appear to be, the patient must observe, as much as she can, all that has been directed in *Article I*; and even continue it a long time after she is cured.

In the ulcers of the *vagina*, whatever part of it may be their seat, whether at the bottom, or nearer the orifice, it is proper to observe much the same conduct: to distinguish the three periods, of the detarging the ulcer; regenerating the flesh; and cicatrizing

trizing the ulcer; and to employ, for that purpose, the same remedies.

1°. The injections are the same for each of these three periods: but as the conveying them into the *vagina* is sufficient, every body is capable of performing them. There is nothing more requisite, but to observe to make the patient lie down on her back, with her head sunk, and her breech raised, in order that the injection may be retained some time: which method should be pursued likewise in the injections that are made into the *uterus*.

2°. The same fumigations, also, are employed, and the funnel is used, in the same manner, to introduce them. But here they may be rightly performed without trouble; because they require only to be introduced into the *vagina*.

3°. But, besides these means, there may be employed, in the ulcers of the *vagina*, a kind of half baths; where the breech is immersed; and the patient is made to sit: which occasioned the calling them *in-sessus*, in Latin. Some of the decoctions proposed before are made use of, according to the state of the ulcer, for these half baths: and they are attended with success, when the disorder is only in the *vagina*: because, by means of a piece of linnen, the decoction may be conveyed even to the bottom, and effectually deterge the ulcer.

4°. But what is still more important, the ulcers of the *vagina* may even be dressed as external ulcers. Pledgets, charged with digestives, either simple, or acuated with a little tincture of myrrh, according to the state of the disease, may be conveyed there in the beginning: others, charged with the balsam of Arcæus, either intirely unmixed, or with digestives, may be used afterwards; and others, applied dry, or dipt in the weak lime water, and sprinkled with turpentine in powder, may be employed at last. But it is requisite to observe, to tie a thread to every pledget, in order to draw it out again, when it is proper to renew the dressing.

Of the manner of treating venereal ulcers of the uterus.

When it is known, that an ulcer depends on the venereal contagion, it is proper to endeavour, without loss of time, to destroy effectually the *virus*, which is the cause of the origin, and continuance of the disorder. It is not undertaken here to give the particulars of this treatment; the books composed on the subject, may be consulted for that end. It is sufficient to add some reflections, which regard the particular case in question.

I. The patient should be prepared by bleeding in the arm, in a quantity proportioned to the state of her strength, and pulse: and she should be purged gently, with the cathartics enumerated in the first article.

II. The use of warm baths should be afterwards resorted to, once or twice a day, for ten or twelve days: and there should be given to her, in the morning bathing, at the coming out of the bath, either some clarified whey; or some broth made of veal, or chicken, with cooling herbs.

III. As the disease urges; and it becomes momentous to stop its progress; mercurial frictions are employed, even during the use of the baths: which affords the means of continuing them longer.

IV. It is known by experience, that mercury accelerates the circulation of the blood, and increases its weight; and that, by one or other of these means, it does harm generally in internal ulcers, when they are seated in delicate parts. This is often found in venereal patients, who are phthysical, and have become so only from the effects of that contagion. Though there is good reasons to administer frictions in such cases, and several have been cured by them; it is known by experience, that the mercury has at first some effect on the breast, even in those who find afterwards the greatest advantage from it. This reflection should furnish

furnish a rule for the treatment of the venereal ulcers of the *uterus*: and be an inducement not to hasten the frictions, particularly in the beginning.

V. On this account, two or three days interval should be left from one friction to the other: every friction should be only with one dram of unction, made of equal parts of mercury, killed, and sweet lard; and even of this dram, a small portion must be reserved, in order to make a friction in the inside of the *vagina*. The frictions may, however, in the sequel, according to the effect the mercury produces, be repeated more frequently: and the quantity of them even increased: but this must always be done with much circumspection.

VI. In order to be able to have any dependance on the efficacy of the frictions, six ounces of mercurial unguent must be employed in them; and that without intermission, or intermediate purging. It may be concluded from thence, that this treatment must be continued four or five months.

VII. During all this time, the diet should be the same as it commonly is, in the use of this remedy: supposing the patient cannot be confined to milk as her only food, which would, however, be the best. The remedies that have been proposed in the preceding article, should, nevertheless, be employed, to deterge, and to incarn the ulcer: and they should be continued, in the same manner, after the friction, so long as may be judged necessary.

Of the palliative cure of ulcers of the uterus, that are incurable.

In this case, there is no object of care, but to mitigate the acute pains, and bad accidents, to which the patients are subject; and to render as supportable as it can be made, the remainder of time the violence of the disease will suffer them to live.

1°. In this view, the principal intention is to alleviate and mitigate the pains caused by the ulcer. To which

end it is proper to bleed repeatedly, in small quantities, in the arm: which, by emptying the vessels of the *uterus*, diminishes the *phlogosis*, and sensibility of it.

2°. It is proper, at the same time, to forbid the patients absolutely from eating flesh, and to confine them to milk, as their sole food; or, at least, to suffer them only to eat broth, or farinaceous aliment, made with a slight boiling, and without salt.

3°. If their pains be very strong, moderate doses of narcotics should be given them, from four hours to four hours: such as half a grain of *laudanum*, dissolved in warm water; or twelve or fifteen drops of anodyne tincture: taking care to increase or diminish these doses, according to the degree of the pain, or the effect of the medicine.

4°. Injections should be made into the *uterus*, with the juices of plantain, purslain, or houseleek, in the quantity of one ounce and a half, or two ounces, of each; or a little starch, which is very pure, and without mixture of lime, may be diluted for this purpose. In the same view may be employed, the juice of nightshade, *solanum morella dictum*, in the dose of three or four ounces; after having beaten it a long time in a leaden mortar, with a pestle of the same metal.

5°. To these injections may be added, the syrup of white poppies, *laudanum* dissolved in water, or the anodyne tincture; regulating the quantity of these remedies, by that which has been already directed to be given by the mouth.

6°. Half baths, with the decoctions of the same herbs, may, moreover, be tried; the patient being exhorted to make them enter by means of a sponge, as far as she can. But these remedies will be more amply expatiated on in the chapter of *cancers*.

7°. Very bad piles frequently come on, particularly in desperate ulcers. To stop them, it is proper to bleed the patient in the arm; and to make her take, by the mouth, a ptisan made with the decoction of the roots

roots of comfrey; to every pint of which is added fifty-five, or fifty-seven, drops of the water of Rabel *adgratam aciditatem*: and in which is diluted, one ounce of syrup of plantain, or of capillair. If the disease urge, a whole quart may be given, in the day, at three or four times taking; but if the disease be less prevalent, the contents of a pint, or even less, may suffice to be taken each day.

8°. If the copiousness, or the continuance of the loss of blood, bring the patient into a state of danger, there should be no hesitation made to throw injections into the *uterus*, formed with the same ptisan, after having gently warmed it: observing to set the patient in a proper posture, that the injection may remain some time in her body.

Of some particular remedies proposed for the cure of ulcers of the uterus.

Ulcers of the *uterus* are a disorder, of which the consequences are too well understood; and the treatment too well known; to have furnished many opportunities for persons to flatter themselves with the success of having cured them by extraordinary methods. I know, on the whole, only of three remedies, which are the following, that merit any attention.

I. Felix Platerus¹, of Basil, says, that the juice of nettles, mixt with the urine of a child, cures, in a surprizing manner, the ulcers in the *uterus*. *Succus urticæ, cum urinâ pueri mixtus, mirificè abluenda injectus ulcera uteri sanat.* I doubt much the account given by this physician: but I believe it may be tried without any danger.

II. Belloste², a surgeon of reputation, proposes, as an experienced remedy in all ulcers, the decoction of the leaves of the wallnut-tree, with a little sugar; in which a piece of linnen is dipt, and applied to the part. By parity of reason, the same decoction may be

¹ Praxeos, lib. xxx. cap. 14. Tom. II. pag. 575.

² Page 26 of his Surgery.

employed, as an injection in ulcers of the *uterus*: and I believe that no risk will be run in the experiment. The distilled water of three of the nuts may be even given internally: at least, there is nothing to fear from it, unless the diuretic virtue may do harm: as it is known, these patients commonly suffer when they are obliged to make water often.

III. John Liebaat, doctor of physick, in the faculty of Paris, composed in Latin, in the fourteenth century, a *Treatise on the diseases of women*, taken from the Italian of John Marinello, a physician, at Formia, on the same subject: where¹ he advised, to add to the fumigations, and injections, which are used in the ulcers of the *uterus*, yellow or citron-coloured orpiment, and corrosive sublimate: in which he has been faithfully followed by Lazarus Pé², who has translated the same work of Marinello into French. But, in spite of the authority of these physicians, I hold this practice to be dangerous; and I do not advise any injection, into the *uterus*, of orpiment, which in fact is a true arsenic; although more gentle, than the common kind; and still less of corrosive sublimate.

C H A P. V.

Of the schirrus of the uterus.

§. I. DESCRIPTION AND DIFFERENCES.

THE *schirrus* of the *uterus* is a kind of tumour, which has four essential characteristics: it is hard and resisting: insensible, even when touched: gradually formed, by the way of *congestion*: and, moreover, does not change the natural colour of the part. The three first characteristics, are very per-

¹ *De la santé, fécondité & Maladies des Femmes*, chap. 19. & 20.

² *Traité des Maladies des Femmes & Remèdes d'icelles*, liv. ii. chap. 19. & 20.

ceptible, even in the tumours of this kind, which happen in the *uterus*. But the fourth is not to be distinguished, in the same manner, in tumours that are hidden from the sight; though analogy indicates it sufficiently: and the opening of women, who have died of this disease, demonstrates it. It has been shewn, in the Treatise on *tumours and ulcers*, that *schirrusses* are common to all the parts of the body; particularly the glandular parts; and it is easy to judge from thence, that the *uterus* must be peculiarly subject to them; which observation confirms.

The *schirrus* extends sometimes over the whole volume of the *uterus*, and is then called *universal* or *total*: but it is more frequently confined only to one place, and then bears the name of *partial*. The parts where it may be situated vary much. They may sometimes be the *fundus*, or the orifice; sometimes the right, or the left sides; and sometimes the anterior, or the posterior parts. But these differences do not merit any attention: because they do not imply any difference in the nature of the *schirrus*. The *schirrusses* of the *vagina*, or *vulva*, or of one of the lips, are those only which should be distinguished, not with relation to their causes, as they are in fact the same, but to the method of cure: because their situation affords the means of applying topics, to them, which cannot be done in the *schirrusses* of the *uterus*.

A more important difference results from the degree of indolence, and resistance. When the *schirrus* is very hard, and resist, and at the same time insensible, even when prest, it bears the name of *perfect schirrus*; or, as has been said before, of *legitimate* or *complete schirrus*. They are called, on the contrary, *imperfect illegitimate*, or *incipient schirrusses*, when the resistance is not perfect: and they preserve some feeling, at least when pressed.

The *schirrus* is often attended, at its borders, with *œdema*, or inflammation: and then it bears the name of *œdematous schirrus*; or *pblegmonic schirrus*: whereas it is called *simple*, when it has only the characteristics of

of a *schirrus* without *œdema*, or inflammation. In the *uterus*, the volume of the *schirrus* is easily distinguished, when its place is on the body, *fundus*, or sides of the *uterus*: and then it is said to be *circumscribed*. But the extent is not to be distinguished in the same manner, when it is on the neck of the *uterus*: because, one part of the tumour is then hidden under the *os pubis*: and in such case is said to be not *circumscribed*.

Moreover, the legitimate or perfect *schirrus*, and even sometimes the illegitimate or imperfect, tumefy, and are painful, and subject to shootings more or less frequently. These *schirrusses* become then *carcinomatous*; and degenerate into cancers: as will be shewn below in the chapter on cancers.

§. II. CAUSES.

The *schirrus* of the *uterus* cannot be produced, but by some of the humours that circulate in the part, or are separated there, when they are obstructed, accumulate, and grow thick, so as to produce a hard and resisting tumour. But there are only two humours, that circulate in the *uterus*, the blood, and the lymph: and the milky humour, which has been spoken of in the preceding book, is the only one, that is separated in particular vessels for the uses, which have been explained in the same book. The production of the *schirrus* of the *uterus* must therefore be attributed, either to the collection of blood; or to that of the milky humour which thickens there. But it is apparent, that it cannot be attributed to the collection of blood; 1°. because such collection is always attended with heat, and there is none in *schirrusses*; 2°. because this collection is never made without a sensible augmentation of the red colour of the part; and in the *schirrus* the part preserves its natural colour: 3°. because the collection of blood is made suddenly, and by the way of fluctuation; whereas the *schirrus* is formed gradually, and by the way of *congestion*. Therefore, every thing being duly considered, the *schirrus* of the *uterus* can only arise from
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the collection of lymph, that stagnates and thickens in its own vessels; which kind ought to be called *lymphatic*: or, from the collection of the milky humour, or uterine milk, which is detained in its own vessels; and being accumulated there, grows thick; which ought to be called *milky*: or, in short, the collection and thickning of both lymph and uterine milk; which ought to bear the name of *lymphatico-milky*: and is that kind of *schirrus* of the *uterus* that is most common.

These principles laid down, nothing more is wanting to explain the *schirrus* of the *uterus*, than to examine the causes which may produce it there; or which may occasion this collection of lymph or uterine milk. But these causes are of two kinds; some general and *efficient*; which, by thickning these humours in the blood, render them subject to be detained in the *uterus*. The others, particular and *occasional*, which determine these thick humours to stagnate, particularly in the *uterus*; and to produce a *schirrus* there by preference.

The general causes capable of producing the thickning of the lymph, and of the uterine milk in the mass of blood, are all the known causes, that thicken the blood itself: as the too great quantity of food, which is eaten; or the vicious or gross nature of that chosen.

Faultiness of digestion, the general consequence of intemperance, or of bad diet; from whence it proceeds, that the blood receives only an ill prepared chyle, which thickens it.

The uneasy passions of the mind, with which the patient is strongly affected for a long time; that weaken the circulation of the blood, and consequently thickens it.

Finally, the vicious ferments with which the blood is infected: such as venereal, scorbutic, or scrophulous ferments.

But these causes do not produce any *schirrus* in the *uterus*, unless there be occasional, or local causes, which deter-

determine the lymph or the uterine milk to stagnate there in particular. There may be reckoned in the number of these causes,

1°. The inspissation, which happens to the lymph, and to the uterine milk in the *uterus*, when the patient has had commerce with a man injured by some venereal contagion.

2°. The use of injections too cold, or astringent, that have been imprudently employed to mitigate the pains of some inflammation; or to strengthen the elasticity of the *uterus*, and render complete the resolution of some inflammation.

3°. The sudden contraction that exterior cold causes in the *uterus*, when the women are so imprudent, as to dip their feet in cold water, during the time of their *menfes*, or *lockia*.

4°. The undue tone of the *uterus*, whether it be natural, as in the women of a soft and lax formation; or caused by blows, or contusions on the part; frequent miscarriages, or difficult births, in which the *uterus* has suffered great distensions.

5°. Finally, the obstructions formed of a long time, in the *uterus*; which there impede the circulation of the lymph; and the discharge of the uterine milk. These obstructions are common in women, who have had the *fluor albus* in their youth, are irregular in their *menfes*; have been subject to suppressions of the *menfes*; &c; as we have seen in the preceding book.

The concurrence of some of these different causes produce at first a slight collection, either of lymph or the milky juice, in the *uterus*; which scarcely merits any name, except that of repletion: but this repletion increases gradually, by the continuance of the same causes: and in increasing, becomes more hard, and more resisting, from day to day, either by the heat of the part itself, which dissipates the most thin portion of the stagnated humour: or, by the beating of the neighbouring arteries, which presses out the most liquid portion. It is thus, that the *schirrus* is formed by a progression, insensible, or at least very slow, till, at last,

last, the tumour, after being long concealed, makes itself known by its symptoms.

§. III. *Explanation of the differences.*

I. If it happen, that the lymph alone grows thick, and stagnates in the lymphatic vessels, which feed any part of the *uterus*, and there forms a *schirrus*, this *schirrus* will be *lymphatic*. If, on the contrary, the uterine milk thickens, and stagnates alone in the lactiferous vessels, it gives rise to a *schirrus*, that will be purely *milky*: but if the lymph, and uterine milk, thicken and stagnate, at the same time, in their canals, the *schirrus* that will result from these, will be *lymphatico-milky*: which is the most common case.

II. When the lymph, and the milky juice, stagnate in the whole extent of the *uterus*, by any accidental cause, which acts equally over all its substance, the *schirrus* which proceeds from it, affects the whole body of the *uterus*, and bears the name of *total schirrus*. This case is rare: but it is attested by certain observations.

On the contrary, the *schirrus* is only *partial*, when it possesses only one part of the *uterus*; which happens when a particular cause affects this place, and detains there the lymph, or the uterine milk. This kind of *schirrus* occupies different parts of the *uterus*; the *fundus*, or the neck: the right or left sides: or the anterior or posterior parts: according to the seat of the original disorder, that gave rise to the formation of the *schirrus*. Sometimes even the *schirrus* of the *vagina*, or that of the *vulva*, or one of its lips, are comprized under the name of *schirrus* of the *uterus*: as has been already remarked.

III. If the lymph, or the uterine milk, which form the *schirrus*, be very thick, and the *schirrus* itself be formed slowly, the tumour will be hard, resisting, and without pain: and the *schirrus* consequently *perfect* or *legitimate*: because these humours form a more compact tumour; and this tumour will grow constantly harder,

harder, on account of its being a long time exposed to the heat of the part, and the beatings of the neighbouring arteries.

But if, on the contrary, these humours be less thick, and the tumour be formed more quickly, the *schirrus* will be less hard, and retain some sensibility; and will be a bastard and imperfect *schirrus*; as well because these humours, being less thick, form a tumour less compact; as because this tumour is not exposed, for a sufficient length of time, to the action of the heat of the part, or the beatings of the arteries, to occasion the thin and fluid parts it contains, to be dissipated or prest out.

IV. The *schirrus* of the *uterus* does not extend itself beyond the *uterus* itself; and is therefore always circumscribed; whether it be total or partial: but no judgement can be formed of its limits, when it is at the orifice of the *uterus*; because it is concealed under the *os pubis*: at least, unless it be examined on the side of the *vagina*.

V. The *schirrus* of the *uterus*, in proportion as it increases, stretches the blood and lymphatic vessels of the part, or compresses them by its bulk. When these causes are weak, they have scarcely any action, except upon the lymphatic vessels, very susceptible of their effect. In such case the lymph, detained around the *schirrus*, produces there an *œdema*; and the *schirrus* becomes *œdematous*. But when these causes are more powerful, they act even on the blood-vessels around the *schirrus*, and, by detaining the blood, produce there an inflammation; and then the *schirrus* is *phlegmonic*.

VI. The imperfect, or bastard *schirrus*, is sometimes dissipated by the way of resolution: because the matter which forms it, is not entirely hard; and the fibres of the part preserve still enough of their systaltic power, to aid the resolution. But the perfect or legitimate *schirrus* is absolutely irresoluble: as well because the matter is extremely hard, and incapable of being dissolved; as because the fibres of the part have
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none, or but little systaltic spring, which can press this matter; and procure the resolution of it.

VII. The legitimate, or perfect *schirrus*, degenerates often into a *cancer*; for the reason that we shall see below, in the Chapter on the *cancer of the uterus*. The imperfect or bastard *schirrus* is not subject to the same change. But is sometimes liable to have a suppuration come on; and to produce an abscess of a bad nature, which terminates in a schirrous ulcer.

§. IV. SYMPTOMS.

I. The perfect *schirrus* of the *uterus* is *insensible*, and neither changes the colour, nor the heat of the part; for reasons that are mentioned in the Treatise on *tumours and ulcers*, with regard to all *schirrusses* in general. For the same reasons, a *schirrus* does not commonly intercept the circulation of blood, or of lymph; and the patients often have them a very long time, without knowing any thing of it.

II. But when the *schirrus* attains to a certain magnitude, it gives a weight to the *uterus*, that bears it downwards; which occasions the patients to have a trouble in standing and walking: and it seems to them, when the *schirrus* is very large, as if the *uterus* was ready to fall.

III. They also find it then troublesome to lye on either side, if the *schirrus* be total: because, in this case, the *uterus* is dragged down to that side, on which they lye: and they have no other easy situation, than lying on the back.

IV. When, on the contrary, the *schirrus* is only partial, they may either lye on the back, or on the side where the disorder is: because, in these two postures, the *uterus* is not dragged out of its place: but they cannot lye on the opposite side; because the *uterus* would then be exposed to a painful stretching.

V. Sometimes, in the *schirrus* of the *uterus*, the *meneses* keep their usual period, when there is a sufficient part of the *uterus*, where the lactiferous vessels

do not suffer any compression; and where, of consequence, the mechanism of menstruation, such as it is described in Book I. Chapter II, has free exercise of its power. But in the contrary cases, when all the interior part of the *uterus* intirely suffers from the compression, caused by the bulk of the *schirrus*, the result is, that the *menfes* are supprest; or at least rendered very irregular, as well in the quantity, as in the course of their return.

VI. Nevertheless, there sometimes comes on, in this state, floodings, or considerable hæmorrhages. It is well known, that all confirmed *schirrusses* are surrounded with varicous veins; and it is the rupture of some of these veins which make these floodings or hæmorrhages; that are more or less great, or durable, according as the opened veins are smaller or larger; and a longer or shorter time in closing.

VII. Confirmed *schirrusses* of the *uterus* are almost always attended with a lymphous *fluor albus*: because the blood and lymphatic vessels of the *uterus*, compressed by the greatness of the tumour, and consequently too full, suffer the most thin part of the lymph to transude through their substance.

VIII. So long as the *schirrus* of the *uterus* is moderate; does not disturb the regularity of the *menfes*; nor bring on the *fluor albus*; the women are in a condition to conceive; go with child till their full time; and be delivered safely: and there are many accounts which do not permit us to doubt of this fact. But there are no more conceptions to be expected, when the *schirrus* is very large, and has got possession of almost all the capacity of the *uterus*; nor when the discharge of the *fluor albus* is copious: for reasons that will be shewn below in the Chapter on *barrenness*.

IX. The *schirrus* of the *uterus*, when it has acquired a certain magnitude, presses much on the iliac veins, that carry back the blood from the inferior extremities; as well as the lymphatic veins, that carry back the lymph. Therefore, in general, the difficulty of the re-

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turn of the blood, and lymph, must give rise to a deposit of the *serum*: which produces a tumefaction, or *œdema*, of the feet, legs, thighs, and even privities.

X. For the same reason, the *schirrus* of the *uterus*, by checking the circulation of blood there, and in the greatest part of the *viscera* of the *abdomen*, occasions an extravasation of the *serum*; which produces a dropsey of the *uterus*, and even of the *abdomen*. It is true, that with regard to this last consequence, the repletion of the several *viscera* of the *abdomen*, which concurs often with the *schirrus* of the *uterus*, contributes more to it than the *schirrus* itself.

§. V. DIAGNOSTIC.

I. It would be difficult to distinguish the *schirrus* of the *uterus* in the beginning. The patients themselves do not feel any disorder from it; and do not consequently seek any information about it. But there is no room for mistake, when it becomes larger; and gives uneasiness to the patient. Then an examination of the hypogastric region, by laying on the hand externally, gives an opportunity of feeling the tumefaction, and resistance of the *schirrus*; and of discovering its circumscription; which, joined to the sense of weight, leaves no room to doubt of the existence of the *schirrus*. Nevertheless it is sometimes necessary, for the more clear discovery, to introduce the finger through the *vagina* to the *uterus*, in order to examine the state of it. It is even requisite, when the *schirrus* is small, to push the *uterus* up against the hand, kept applied on the *hypogastrium*; the better to distinguish the resistance, and the size of the tumour.

II. Although these are evident signs, it sometimes happens, that a *schirrus* of the *uterus* is confounded with a dropsey, conception, or mole. As it is very important to avoid such mistakes, it is proper to understand well the true criterions of a *schirrus*, which may afford the means of distinguishing it from those several states. But it is impossible to render these

criteria very clear, without the nature of the dropsy of the *uterus*, of conception, and of moles, be previously well known. For this reason, we think, it is proper to postpone this diagnostic, to those chapters, where we shall treat of these several states.

III. It is also proper to distinguish the different kinds of *schirrus*: because it has some effect on the prognostic, that should be made. But that is not difficult.

1°. When, in pressing the hand, the tumour yields a little to the pressure, and the patient complains of feeling a pain in the part, the *schirrus* is only an *imperfect* or *bastard* one.

2°. The *schirrus* is, on the contrary, *perfect* or *legitimate*, when it is very resisting, and absolutely insensible.

3°. In examining the *hypogastrium*, and particularly the region of the *uterus*, it is easy to distinguish, whether the *schirrus* be *total* or *partial*: and, supposing it be partial, to judge if it be situated in the *fundus*, or the sides of the *uterus*. As to the *schirrus* of the neck of the *uterus*, there is no difficulty in distinguishing it, by introducing the finger into the *vagina*.

4°. It is to be judged, that the *schirrus* is *phlegmonic*, when the patient complains of heat and pain in the *uterus*; and the pulse is high, and quick. There is reason, on the contrary, to conjecture it to be *œdematous*, when there is neither pain nor heat in the *uterus*; nor any appearance of fever: and that there is a copious discharge of lymphous *fluor albus*.

5°. With regard to the *schirrus* of the *vagina*, and that of the *vulva*, or one of its lips; the diagnostic is apparent: because they may be touched, and even seen; and it is, by that means, easy to distinguish the size, resistance, and degree of insensibility.

§. VI. PROGNOSTIC.

I. In general, the *schirrus* of the *uterus* is a bad disease, and difficult to be cured. The prognostic, which is proper to all *schirruses*, is particularly proper to *schirruses* of the *uterus*, where topics cannot be applied;

applied; and where the common remedies have so much trouble to reach.

II. The perfect, or legitimate *schirrus*, is absolutely incurable: because it can neither be resolved, nor brought to suppuration: and there are only those two means of cure.

III. The imperfect, or bastard *schirrus*, does not exclude all hopes of cure, particularly when it is incipient: because it may sometimes be brought to be resolved; as accounts justify: and because it may, at least, be often brought to suppuration, and converted into an abscess, or an apostem. The first of these ways is very salutary, but it is rare. The second is more common; but it leads to a new disease, almost as bad as a *schirrus*; and sometimes even worse; to wit, an abscess, and schirrous ulcer of the *uterus*.

IV. The *schirruses* of the *uterus*, as well as all others, are subject to degenerate into a cancer, by the causes that will be displayed below in the chapter, where this disease will be spoken of. This change is extremely fatal; and much more to be feared in women of a bilious, or an atrabilious habit, than in those of a phlegmatic or sanguine; in those who abandon themselves to violent passions, than in those, who observe a better conduct: in *schirruses* of long standing, than in recent: in perfect, or legitimate *schirruses*, than in the imperfect or bastard: and in *schirruses* of a very great bulk, than in those of a small magnitude: &c.

V. It is not immaterial, to observe, that, all things being equal, a *schirrus*, purely milky, is more easy to be resolved, than a lymphatic one: because it is necessary, in this last case, that the lymphatic matter, rendered fluid, run through the windings of a great number of small serpentine lymphatic vessels, in order to be reabsorbed: whereas, in the first case, the milky matter, as soon as it has acquired a sufficient degree of fluidity, may easily escape by the orifices of the lactiferous *cellulæ*, which open into the *uterus*.

VI. The same judgment may be made on the *schirrusses* of the *vagina*, and the *vulva*: which differ from those of the *uterus*, only in their situation.

§. VII. *Method of cure.*

What we have before said on the prognostic, may make it be easily comprehended, that the *schirrusses* of the *uterus* ought to be treated in two very different manners. Attempts may be made to cure those which are curable: such as those that are recent, and imperfect; those that are of a moderate size; and those which happen in women otherwise of a good constitution, and in health; of a phlegmatic or sanguine habit; and in whom the *menfes* suffer no disorder, notwithstanding the *schirrus*.

Upon this footing, I. We shall explain, first the curative treatment, that should be adopted on these occasions. II. We shall speak afterwards of the treatment purely palliative, which is proper in the contrary cases; and to which prudence demands a confinement of the practice, in those *schirrusses* of the *uterus*, which are of long standing, perfect, legitimate, of very great magnitude; and which happen to women, who are cachectic, cacochymic; of a bilious or atrabilious habit; and in whom the *menfes* are suppressed before the time. III. We shall add some reflections on the manner that is proper to be pursued, when there is the least reason to suspect, the *schirrus* threatens to degenerate into a cancer. IV. Finally, we shall enumerate some particular remedies, that are proposed for the cure of the *schirrus* of the *uterus*.

Method of cure.

Whenever there is occasion to resolve concremented tumours so hard as *schirrusses*, it is first requisite, 1°. To dilute the mass of humours, and render them more fluid; in order that they may have the power of liquefying the matter, which forms the *schirrus*. 2°. To mollify, at the same time, and relax the tension of the
schirrous

fchirrous part; in order to give the greater liberty to the rarefaction of the hard matter. 3°. To liquefy and dissolve this matter, by the use of the most efficacious aperitives, and dissolvents. 4°. Finally, to strengthen the elasticity of the part; and set all its fibres in an oscillating motion, capable of procuring the extrusion of the liquefied matter, and of promoting the resolution of it.

To effect these four intentions, the following remedies should be employed: as being those, which are most approved, and most efficacious in this case.

I. The blood and the lymph must be attenuated and diluted, by the use of the following medicines.

1°. Of broths, or apozems, made with the

Roots of wild fuccory;	}	from one ounce to an ounce and half.
— — eryngo;		
— — rest harrow;		
— — petty whin;		
— — asparagus;		

Leaves of agrimony;	}	a handful, or a handful and half.
— — pimpernel;		
— — fumitory;		
— — water cresses;		

In which may be dissolved, at discretion;

Vitriolated tartar; from thirty to thirty-six grains.

Arcanum duplicatum; in the quantity of one dram.

Glauber's salt; in the same quantity.

Terra foliata Tartari; in the quantity of half a dram.

Soluble martial tartar; from one scruple to half a dram.

Martial flowers; from twelve to twenty-four grains.

With these roots, and leaves, may be made broths, by boiling them with a chicken, or half a pound of veal: or simple apozems, by boiling them alone; and adding, to the decoction, some proper syrup; such as that of the five roots.

2°. Of whey, made of cow's or goat's milk, prepared with pressure; and filtered through paper: to which is added, at each taking, two or three ounces of the depurated juice

Of chervil; water cresses; fumitory; in which may be dissolved some of the aperitive salts, that were spoken of in the preceding article.

3°. Of asses milk even; supposing the constitution of the blood be acrid. It may be drunk at least once every day, care being taken to chuse an ass, that has lately foaled; and of which the milk is fresh and ferous.

4°. Of chalybeate mineral waters: which the patient should drink, if the season permit it. Among these waters, those should be chosen that are most proper, and most within the reach of the patient. None, however, should be selected, but such as are of moderate strength, that the use may be the longer continued.

II. In the mean time, with the view of mollifying the tumour; and relaxing the too great tension; the following remedies may be employed, as well internally, as externally.

1°. The diluting apozems, and broths, before proposed; as well as the other remedies of the preceding article: supposing they have not been already used.

2°. Baths, and half baths, either of pure water; or of the decoction of the emollient plants; such as

The yellow mallow; pellitory of the wall; water lily; *acanthus*; violet; &c.

These baths may be used at discretion, morning or evening; but not near the time of meals. The patient should stay in the bath, at least, a whole hour, every time of bathing; and care should be taken to keep the water but just warm.

3°. Cataplasms, made with the pulp of the root of lilies, and the leaves

Of sorrel; mallows; yellow mallows; and other plants, spoken of before; boiled under ashes; adding to the pulp, strained through a sieve,

oil

oil of lilies; or mucilage of the seed of *ptyl-
lium*.

4°. Fomentations upon the hypogastric region; and injections into the cavity of the *uterus*; with the warm decoction of the same plants.

5°. The frequent use of glysters, with the same emollient decoctions, and oil of sweet almonds. It must, indeed, be allowed, that baths, half baths, cataplasms, fomentations, and glysters, act but weakly on schirrous tumours of the *uterus*; but, however, they may act by the contiguity of parts: and that suffices as a reason, why they should not be neglected.

III. After the use of the remedies, we have been speaking of, for a sufficient time, it may be attempted, to dissolve the matter of the *schirrus*.

1°. By the use of opiates, bolusses, or dissolvent pills, that are composed of preparations of steel; as

The aperient saffron of Mars, in the quantity of
xx grains.

The soluble martial tartar, in any quantity from
xxx to xxxvi grains.

Martial flowers, in any quantity from xii to xviii grains: and, particularly, the saffron of Mars, prepared with water, that some call *Martial Æthiops*; and which is one of the most gentle aperients; in any quantity from xx to xxv grains.

With mercurials, as,

Common *Æthiops* mineral, prepared by deflagration.

Æthiops, prepared by beating the crude mercury, with a sufficient quantity of any balsam; such as dry balsam of Peru; till it shall be divided into a dry powder. The quantity of each of these two remedies is, from xv to xx grains, for every dose.

With the dissolvent, and aperient salts: as,
Glauber's salt;

The *Arcanum duplicatum*;

Terra foliata Tartari; each in any quantity from xxv or xxx grains for every dose.

With the powder of fresh *millepedes*, in any quantity from xv to xxv grains.

With the aperient gums: as

Gum Ammoniac.

Sagapenum.

Labdanum.

Oppoponax.

} In the quantity from vii to viii grains for each dose.

Opiates, bolusses, or pills, are made with three or four of these medicaments, in a moderate quantity, mixt with a little aperitive syrup; such as the syrup of the five roots. This dose of the pills is given, in the morning, fasting; and after it broth, either simple, or medicated with the aperient herbs: as has been already said.

2°. By the application of cataplasms, made with the pulp of the boiled roots

Of white briony, wild cucumber, gladdon, dwarf-elder, &c. boiled under ashes.

These pulps are mixt with the oil of bays, or aniseed; and formed into a cataplasm; that is to be applied on the hypogastric region, in the *schirrusses* of the *uterus*; and upon the tumour itself, in the *schirrusses* of the *vagina*, or the *vulva*; and are to be renewed, from time to time.

3°. By the application of dissolvent plasters, as of hemlock, tobacco, *Galbanum*, *manus dei*, or *diabotanium*, employed alone; or mixt with the plaster of mucilages, or of melilot; and applied in the same manner on the hypogastric region.

There is a great appearance, that these exterior applications do not produce any considerable effect: but it has been already observed, that in a disease of so great moment, as the *schirrus* of the *uterus*, nothing ought to be neglected.

4°. By employing the dissolvent remedies before advised, several attentions must be had.

The first of which is, to bleed the patient, from time to time, particularly when the *menfes* are suppressed, or have ceased; and it is perceived that the *uterus* is heated.

The second, to order, in the same manner, purges, from time to time, to evacuate the humours; and particularly the bile, that the medicines may have dissolved: at least, unless it be more approved of, to join daily some purgative to the bolusses, or the pills, that are given.

The third, to join diluents, and humectants, with the dissolvents, in order to prevent the *schirrus* from being heated; at least, unless it be thought preferable to suspend, from time to time, the dissolvents, in order that simple diluents and humectants may be employed.

IV. Finally, when these means have had the success, to diminish and mollify the schirrous tumours, the remedies proper to strengthen the elasticity of the *uterus*, and to re-establish the oscillations in it, may be taken into use.

Such are, 1°. Warm injections, with the mineral waters of Barrege, Balarac, Bourbon, Aix-la-Chapelle, &c. which should be endeavoured to be retained some time in the *uterus*.

2°. Fumigations, by causing to be received, by means of the perforated chair, the vapours of these mineral waters; or the fumes of the powders of the gum hederæ, gum juniper, myrrh, &c; which are thrown upon a small burning coal, in gross powder; or made up into small troches, with a little turpentine: or the fumes that rise from river pebbles, or flints, made red hot in the fire, and sprinkled with vinegar; to which Galen gives great praises. But care must be taken, that these fumes do not reach the *uterus*, unless from a great distance; and when but gently warm,

Palliative treatment.

When the nature of the *schirrus*, and the state of the patient, allow no hopes of absolute cure, the intention

tention must be confined to the *palliative* cure: which consists in checking the progress of the disorder; and in diminishing, or alleviating the symptoms. These two intentions are effected, at the same time, by the following remedies.

1°. All the dissolvent, diluent, and humectant remedies, enumerated in the preceding article, are to be employed; in order to effect the first intention. There may be even joined, some gentle aperitive, in a small proportion, if it be judged, the blood is too thick.

The most common method is, to give, in winter, diluent, and humectant broths, and apozems: in the spring and autumn, whey; or, if the blood be acrid, fresh asses milk: and, in summer, weak chalybeate waters; and warm baths, or half baths. These remedies should be insisted upon more or less, according to the urgency of the occasion.

2°. The patients should be purged from time to time: but always with gentle cathartics, incapable of heating, or irritating the bowels.

3°. Bleeding, in small quantities, should be practised from time to time, but always in the arm, when the pulse appears full; or the *schirrus* is painful: and this holds good, principally, of women in whom the *menfes* fail by suppression, or cessation.

4°. The patients should be exhorted, to avoid all kinds of motion of the body, that may be too violent: either in walking, dancing, or screaming; as well as too long watchings; too lively passions; and the frequent use of coition.

5°. For the same reason, they should be prevented from being costive, by the use of medicines; in order to avoid their making strong efforts, when they go to stool: and care should be likewise taken, that they do not catch cold; or, if that do happen, to moderate and quiet the cough, by the use of pectorals, and narcotics, to hinder the galling, which the *schirrus* may suffer in violent fits of coughing.

6°. All use of injections, and fumigations, should be left off, for fear of heating the *schirrus*: or, if any
be

be continued, they should be only mollifying injections, to cleanse the *uterus*, in case there should be any discharge of *fluor albus* somewhat acrid.

7°. Finally, it should be prescribed to them, as a regimen, to live temperately, and regularly, by confining them to broth, and boiled or roasted meat; and forbidding salt, spices, and ragouts: as also the use of wine; or, at least, exhorting them to drink very little.

Conduct that ought to be observed, when it is known, that a schirrus is degenerating into a cancer.

1°. It is proper to cease all use of dissolving remedies, and to keep to such as are diluent, and humectant; and particularly to clarified whey: which should be given mostly as the common drink.

2°. The patient should, at the same time, and without delay, be bled in the arm, once, twice, or even thrice, according to the exigence of the case.

3°. Narcotics should be also employed, to quiet the beginning of the pains, the patient feels: such as the syrup of *diacodium*, the anodyne tincture, or *laudanum* in substance; of which the dose should be proportioned to the greatness of the pain.

4°. Lastly, the patient should eat nothing but broth, for some days; or, at most, be allowed nothing but potages and boiled rice, prepared with flesh.

Specific remedies, that have been proposed for the cure of the schirrus of the uterus.

I. As it is known, that the use of mercurial frictions, or preparations, dissolve *ganglions*, and *exostoses*, it has been supposed, there was reason to believe, that these remedies might dissolve *schirrusses* in the same manner; and, consequently, those of the *uterus*. But experience has shewn long since, that the action of mercury,

mercury, and of mercurial preparations, extends only to schirrous tumours, or *schirrusses*, produced by a venereal cause. In this case, these remedies may be employed, with some confidence, for the *schirrus* of the *uterus*; and I can produce instances very sufficient to justify this practice. But I have never seen any effect, or, at least, never any but such as were inadequate, in the schirrous tumours, or *schirrusses*, which took their origin from common causes.

It must even be observed, that the venereal tumours are not always dissolved by the action of mercury, or mercurial medicines: which often have no effect on them, when they have acquired a certain degree of hardness. There are frequent instances of *exostoses*, swellings of the glands of the groin, and *ganglions*; which, although produced by a venereal cause, do not, when they are of long standing, yield to the administration of mercury, or mercurial medicines. By these instances, it may be judged, that although there be great reason to believe, or, even if you will, a certainty of it, that any *schirrus* of the *uterus* is venereal, a flattering presumption should not be had of the certainty of curing it, by the use of mercury, or mercurial remedies; and much less should it be promised to the patient.

If, however, it be judged, that the *schirrus* of the *uterus* be venereal; and thought proper to treat it by the way of friction; the method before proposed, *pag.* 102, in speaking of the treatment of the venereal ulcer of the *uterus*, may be pursued.

II. The *belladonna*, or *solanum maniacum*; and the hemlock; are boasted for the cure of the *schirrus* of the *uterus*. And if it was true, as is pretended, that these plants cure cancers, there would be reason to regard them as excellent dissolvents. For a cancer can never be cured, unless the humour that forms it can be sufficiently dissolved, to be capable of being discussed, or brought to suppuration: which can be the effect only of very efficacious dissolvents. It will be shewn, however, in the following chapter, what ought to be expected

pected from these medicines, for the cure of the cancer; and it may be judged, by their success in this point, what may be expected from them in the *schirrus*.

III. Every body agrees in praising for the cure of all *schirrusses*, and, consequently, of those of the *uterus*, the waters of Barrege in the Pyrénées; of which the qualities are admirable. There is no doubt of their virtue, in deterging and cicatrizing wounds, and fistulas, of the longest standing; procuring the exfoliation of carious bones; and curing palsies, rheumatisms, and relaxations of the nerves. Nothing is more spoken of, than their quality of mollifying, and dissolving cold tumours; and even such as are schirrous: for which, I do not believe, there is any remedy so effectual and so safe.

These waters relax the fibres, and membranes of the schirrous part; restore and strengthen their systaltic spring; soften and liquefy the concreted humour; and, by these conjoint means, procure the resolution of it; or bring it to suppuration: while, at the same time, they operate without any danger of irritating, or inflaming, the disorder; or bringing on a cancer. These waters are employed in every manner. They are taken internally; used for bathing and pumping; and thrown as an injection into the *uterus*; and the mud, also, is applied on the hypogastric region, when it can be procured; which is, however, very difficult, as the waters deposit very little. As the disorder is obstinate, and the effect of the waters is slow, it is proper to continue the use of them for a long time; to be careful to purge often; and to be prepared for the waters, at least, by once bleeding in the arm, and once purging.

C H A P. VI.

Of the false schirrus; or of the steatoma and sarcoma of the uterus.

THERE are formed in the *uterus*, as well as in other parts of the body, *steatomas* and *sarcomas*, two sorts of tumours very different from *schirrusses*; but which resemble them so much, especially in the beginning, as to impose on the patients; and even sometimes on physicians, under whose care they fall: which has occasioned to be commonly given to them, the name of *false schirrusses*. Nevertheless, as the prognostic, that ought to be made on these tumours; and the manner in which they should be treated; differ much from those of the *schirrus*, it is necessary to know their nature: which obliges us to speak particularly of them in the two following articles.

A R T I C L E I.

Of the steatoma, and incysted tumours, of the uterus.

§. I. DESCRIPTION AND DIFFERENCES.

THE *steatoma*; and the incysted tumours, of which it is the principal kind; are tumours formed by a bag, or membranous *cyst*: from whence is borrowed the name *incysted*. This bag, or *cyst*, is always full of an humour, of different degrees of spissitude, and variously coloured. It is often pretty thick, viscid, of a dirty white colour, and like to tallow: and the tumour then takes the name of *steatoma*, which signifies, in Greek, *a tumour full of tallow*. Sometimes this humour is a little less thick, yellow, grumous, and resembles honey; and then the tumour bears the name of *meliceris*; that is to say, in Greek, *a tumour full of honey*.

honey. At other times, the humour is more liquid, and white; and has much similitude to cream; and the tumour is called *atheroma*; which imports, in Greek, *a tumour full of milk*.

It has been shewn, in the *Treatise on tumours and ulcers*, that these kinds of tumours are very small in the beginning; and that they grow gradually, so as to acquire a considerable bulk; and to become sometimes monstrous.

That they have, commonly, only one cavity; but sometimes include two, or even three, full of the same matter.

That they generally form only one bag, or *cyst*; but that there are sometimes two: the one exterior; which adheres to the neighbouring parts: and the other interior; inclosed in the first, without adhering to it; or, at most, only by a pedicle.

That they are, from their nature, without heat, or any variation from the natural colour of the part; but that they are sometimes subject to inflame; and have, then, the essential symptoms of inflammation, heat, pain, and redness.

That when they happen to inflame, they often turn to abscesses; and form at first an *apostem*, full of a bad *pus*: as may be perceived when they are opened; and the *pus* suffered to run out.

Lastly, that these tumours may become schirrous; and be converted into true *schirrusses*: and even degenerate into cancers; in the same manner as other *schirrusses*.

All these facts, which hold good of incysted tumours in general, hold good of those of the *uterus*. It is however proper to remark, that these tumours are formed sometimes on the outside of the *uterus*, or in the interstice betwixt two of its coats: but most frequently on its interior surface; and that, in the *uterus*, they are always formed by two bags, inclosed one within the other, without any adhesion with each other.

Similar tumours are also formed, in the *vagina*, either at its entrance; or its bottom: and in the *vulva* itself; or in one of its lips: and small as these tumours are in the beginning, they acquire sometimes a very considerable magnitude.

§. II. CAUSES.

It is known at present, that these tumours are produced by the stagnation, and collection of some humour in its own proper canals; which it enlarges gradually; and of which, it forms a bag or *cyst*, that grows insensibly.

When these tumours happen in other parts of the body; they can be imputed only to the stagnation, and collection of lymph in its proper vessels: but in the *uterus*, they may come from the collection of two different humours; from the lymph which stagnates in its vessels; and the uterine milk that is collected in its *cellulae*.

But the lymph, and the uterine milk, cannot stagnate and be collected in their vessels, and *cellulae*; and produce an incysted tumour in the *uterus*; unless by the concurrence of the following circumstances.

I. That the circulation of the lymph be stopt, or the evacuation of the uterine milk prevented,

1°. By some grumulation, more or less considerable, which obstructs the lymphatics, or the vents of the lactiferous *cellulae*. These accidents happen, when the uterus is exposed to some sudden cold; or that the patient is seized with some fright in the time of the *menfes* or *lochia*.

2°. By any compression, that contracts the bore of some lymphatic, or that closes up the orifice of some lactiferous *cellula*; which cases may happen, when a young woman, or one of small stature, bears a very large child; or when, in a laborious pregnancy, the child is placed crosswise; and strongly compresses some part of the *uterus*.

II. That the lymph, and the uterine milk, stagnated, preserve, nevertheless, sufficient fluidity, not to become hard: for, in that case, they form a *schirrus*.

III. That

III. That the passage of lymph, and uterine milk, be continued free: for, otherwise, neither the lymphatic vessels, nor the lactiferous *cellulæ*, would swell; nor form incysted tumours.

It follows from this theory,

1°. That the *cyst*, or membranous bag, which forms the incysted tumour, is nothing else but the coat of the lymphatic vessel, or the lactiferous *cellulæ* extended, and dilated gradually, by the entrance of the lymph, or the uterine milk, which continues to be collected there.

2°. That this dilatation augments, also, gradually; and that the incysted tumour grows in proportion, till it becomes sometimes monstrous.

3°. That as the coat, which forms the bag or *cyst*, is extended, and dilated, it grows thick and hard, in proportion: which holds good of all membranes in the same case. Because the nutrimentitious lymph, which has a greater difficulty in circulating in them, stagnates there in a greater quantity.

4°. That, when the *cyst* has only one cavity, it is a proof there is only one lymphatic vessel, or one lactiferous *cellulæ*, dilated.

5°. That, on the contrary, when the *cyst* is divided into several partitions, or separate cavities, it is a reason for concluding, that several lymphatic vessels, or several lactiferous *cellulæ*, have been dilated at the same time.

6°. That the lymphatic vessels, which creep under the internal coat of the *uterus*, and the lactiferous *cellulæ* which are placed there, in dilating, dilate, also, this coat, which covers them: and that, consequently, the incysted tumours of the *uterus* must have always two bags; the one *interior*, which is the proper coat of the lymphatic vessel, or of the lactiferous *cellulæ*; and the other *exterior*, formed by the expansion of the internal coat of the *uterus*.

7°. That the humours, inclosed in these tumours, are more or less thick, according to the degree of the

thickness of the lymph, or the uterine milk, which have supplied them: but that commonly this difference arises from the greater or less age of the tumour, which has given more or less time to this humour to thicken.

8°. That the different colour of the same humour may come from the thickness alone; which gives it different shades. But that it is apparent the quality of the blood, which supplies it, also contributes much to this, according as it is more or less bilious.

9°. That the incysted tumours of the *uterus* may, in the same manner, as those in other parts of the body, be inflamed, and ulcerated; become *schirrus*; and degenerate into cancers; according to the compressions, contusions, bruises, irritations, or excoriations, to which they are exposed.

10°. Lastly, that the cavity of the *vagina*, particularly near the bottom, and even the *vulva* itself, are subject to incysted tumours, as well as the *uterus*: that they are produced there by the same causes; and occasion there nearly the same symptoms: and that, therefore, whatever has been said of incysted tumours of the *uterus*, may be applied, a few circumstances excepted, to those of the *vagina*.

§. III. SYMPTOMS.

I. At first, the patients scarcely perceive any thing of the incysted tumours, which are formed in the *uterus*; but gradually, on their growing bigger, they perceive their tumefaction; and begin to suspect, that something extraordinary is coming in the *uterus*.

II. The weight they feel there at the same time, and which increases insensibly from day to day; augments their uneasiness: and the more, as they do not perceive any motion in the *uterus*, which can authorize the suspicion of their being pregnant.

III. Sometimes even a dull pain, that is felt in the *uterus*, adds to the alarm; which nevertheless rarely happens, except when the incysted tumour being the largest

large; and the coats of the *uterus* having only a small degree of elasticity; bearings down are caused, which are a little painful.

IV. When the incysted tumour is large, the belly falls suddenly to the side on which the patients lye; and causes a dragging down of the *uterus*; in such manner, that the most easy posture for them is to lye on their backs.

V. While the incysted tumours are little, the *menfes* keep their regular periods: because there is only a very small part of the *uterus*, which suffers from it. But they cease, when these tumours grow large: because, all the internal surface of the *uterus* is then compressed.

VI. Under these circumstances, instead of the *menfes*, there succeeds most commonly a lymphous discharge, more or less copious; which happens, because the compression, the blood and lymphatic vessels suffer in the *uterus*, makes the most thin part of the lymph run out; which often contracts also in length of time a little purulence.

VII. The incysted tumours adhere generally to the *uterus* by a broad and strong connection; which hinders them from being loosened. But it happens sometimes, that this connection being narrower, and weaker, it is broken by some concussion, or violent motion. In such cases, the patients are delivered of them with trouble, when these tumours are large; and these deliveries have been regarded as deliveries of moles; which has conduced to perplex the notions with regard to the true nature of moles.

VIII. The incysted tumours of the *vagina*, and *culva*, produce nearly the same accidents, as those of the *uterus*: but, moreover, when they are large, they hinder the patients from having commerce with their husbands; and are generally regarded as a *descensus* of the *uterus*; not only by the patients, but even by their midwives.

§. IV. DIAGNOSTIC.

It has been already remarked, that the incysted tumours of the *uterus*, and the *vagina*, are not perceived; nor afford any occasion of suspicion; while in their incipient state: and when they begin to be sensible, there is sometimes much difficulty in distinguishing them from certain states and diseases of the *uterus*, to which they have a great resemblance.

I. Doubts on this head can never regard inflammations of the *uterus*; from which the incysted tumours are very different: because there is no acute pain in the incysted tumours when they are prest, which is otherwise with respect to inflammation: because they are not attended either with lively heat in the *uterus*, or with fever; as is the case in inflammation: and because they are a chronic disease; whereas inflammation is an acute one.

II. But they may be easily confounded with the *schirrus* and the dropfy of the *uterus*; and even with pregnancy: which happens indeed too often. We shall see below, in speaking of the dropfy of the *uterus*, and of pregnancy, what are the signs which distinguish them from the incysted tumours. It suffices to enumerate, at present, those which may prevent their being confounded with a *schirrus*.

These signs are, 1°. That the *schirrus* is more hard, and more resisting, than the incysted tumour.

2°. That, in the *schirrus*, the tumour is generally angular, and unequal; and takes up only one part of the *uterus*: whereas, in the incysted tumours, the tumour is round, and takes up all the extent of it.

3°. That the *schirrus* sometimes brings on bad accidents; and makes the women ill: whereas, in the incysted tumours, they scarcely perceive any inconvenience; and appear to preserve their full health.

§. V. PROGNOSTIC.

Happily the incysted tumours of the *uterus* are a rare disease: but when they do happen, they always continue till death.

1°. They

1°. They are not curable; particularly when they have acquired a certain magnitude: because it is absolutely impossible, to resolve so thick and copious an humour, inclosed in two firm and dense bags. It is known by experience, that the incysted tumours of the exterior parts of the body, as under the name of *wens*, and *gouëtres*, cannot be resolved: although plasters, the most resolvent, are kept constantly applied to them. With how much more reason then, may the same prognostic be made in incysted tumours of the *uterus*; where there is no means of employing the same resolvents.

2°. This impossibility of resolution, which holds good, in general as to all the incysted tumours of the *uterus*, is at least very certain, with respect to all those, which are very large, of long standing, and filled with a very thick humour; as the *steatomas* and the *atheromas*.

3°. It often happens, that in persisting to endeavour to resolve them by external dissolving remedies, or resolvent injections, the only result is, the bringing them to a suppurating state: which forms an *anomalous* abscess in the *uterus*; that is to say, an abscess full of a grumous and putrid matter; but which is not true *pus*.

4°. Sometimes even, without there being any room for the reproach of imprudence, this misfortune is brought about.

When the women, who have tumours of this kind fall upon their belly; suffer some contusion; or receive some blow there.

When they are exposed to a slow fever, that preys on them; and liquefies gradually their blood, and humours.

Lastly, when, in spite of these tumours, they become pregnant; which brings on miscarriages; in which these tumours are almost always bruised.

5°. Whenever these tumours come to suppuration, they form, in the *uterus*, as has been said, a bad abscess, attended with a slow fever; which terminates at last in a fistulous ulcer, almost always incurable.

6°. However bad the incysted tumours of the *vagina* may be, they are less so than those of the *uterus*: because they may, positively speaking, be taken out by way of extirpation; or by that of erosion; as we shall see below.

§. VI. CURATION.

In the incysted tumours, which are on the outside of the body, it is thought sufficient, for resolving them, to administer dissolvent medicines internally, and to apply resolvent plasters externally: and this method is pursued, as long as the tumours do not produce inconveniencies, by their bulk; nor deformity by their situation. It is true, indeed, in these cases, that after having proved the inutility of common remedies, the measure of extirpating these tumours is taken, where it can be done without hazard: and either the knife, or caustics, are employed for this purpose.

It may be judged from thence, how few resources, and how little the hopes are, in incysted tumours of the *uterus*, that do not admit of being extirpated; of having any sort of plaster applied to them; or, indeed, of having any means employed, except the use of some internal dissolvents, of very little efficacy. All the treatment of these tumours is, nevertheless, confined to this: which, as appears, is purely palliative; and only sufficient to retard the progress; and prevent the consequences; but incapable of procuring a resolution.

There are two intentions of cure which should be proposed to be effected: the one to dilute the blood, in order to facilitate its circulation in the *uterus*, and thence to prevent the too great increase of these tumours. This may be completed,

1°. By the use of diluent and humectant broths, or apozems; such as those which have been proposed, in the method of cure for the ulcer of the *uterus*.

2°. By the use of filtered whey, to which may be added, some ounces of refined juice of chervil, or water cresses. There may, if judged necessary, be added

to the broth, or whey, some aperient; as the *sal de duobus*, Riviere's salt of steel, *martial soluble tartar*, *terra foliata Tartari*, &c; to augment the power of these diluents.

3°. By the use of ass's milk, which should be new; in the cases where there is room to suspect any acrimony in the blood.

4°. By the use of steel waters, taken in a moderate quantity, in the proper season; and acuated by the addition of some purgative salt.

5°. By the use of bleeding in the arm, repeated from time to time; and proportioned to the state of the pulse: which is absolutely necessary, when the patients feel any pain, or any heat in the *uterus*.

6°. By the use of baths, or half baths; in which may be taken the broths, apozems, or whey, as ordered above.

7°. Lastly, by slight purges, but repeated from time to time; which not only cleanse the stomach; but evacuate, also, much of the humours that load the blood.

The other intention must be, to wash, and cleanse the *uterus*, from the foulness, and impurities, which may stagnate there, when it is perceived, that the tumours bring on a discharge of a lymphous humour; which tends to purulency. There can be nothing employed in this view, but injections into the *uterus*: which are made with decoction of barley, wormwood, or mugwort: to which is added, a little Narbonne honey. The mineral sulphureous waters, to which are added, some drops of the balsam of the commander of Perne, may be also used with success, in form of injection. The fumes, which rise from these waters, are, also, very serviceable; when they are managed with proper art, to convey them into the *uterus*, by means of a funnel made for that purpose.

With regard to incysted tumours, that are formed in the *vagina*, or the *vulva*, the cure of them is both more easy, and more certain; for plasters may then be applied: and, if there be occasion, they may be

even

even destroyed by caustics; or extirpated by the knife. But the particulars of these operations will be shewn in the following article; where the *sarcoma* of the *vagina*, which is more common than the *steatoma*, and for which these operations are more frequently performed, will be spoken of.

ARTICLE II.

Of the sarcoma of the uterus.

§. I. DESCRIPTION.

THERE are formed, in the *uterus*, *vagina*, and even *vulva*, tumours that are round; without any cavity; insensible; soft; yielding to compression; having but little elasticity to restore themselves; and unattended with any change, either in the colour, or heat of the part. These tumours, in the beginning, are very small, and imperceptible; though they increase gradually; and sometimes grow bigger than the head of a child. But their progress, notwithstanding it is certain, is not always made with the same quickness.

These tumours are common to all parts of the body. They are formed, not only upon almost every place of the skin; but also in all the cavities; in the nose; in the *œsophagus*; in the intestines; &c. Wherefore it is no matter of wonder, that they are formed in the *uterus*, and the *vagina*.

When these kinds of tumours are opened, after the death of the patients, or after having been extirpated, it is found, that they have no cavity: and that they are formed by the contexture of many tendinous strings, or membranes, the interstices of which are filled with a fattish matter, thicker, and more fibrous than common fat: and among which are distributed, nerves and blood-vessels, arterial and venous; but thinly dispersed.

These tumours bear the name of *sarcomas*, or fleshy excrescences: but that of adipose tumours would be

more proper ; because it is apparent, they are formed by the expansion, and tumefaction, of a portion of the cellular, or adipose membrane.

Though these tumours be soft, and indolent, in their natural state ; yet it does not follow from thence, but that they may, by accidents, under certain circumstances, be inflamed ; turn to abscesses and ulcers ; or become schirrous, and even cancerous. But they are then so many new diseases.

Whatever has been said of *sarcomas* in general, holds good intirely of the *sarcomas* of the *uterus* ; which differ from the others, only in the place where they are situated.

§. II. CAUSES.

When it is understood, that *sarcomas* are not formed by the accumulation, or collection of any humour ; but proceed only, from that some portion of the cellular membrane, receives too copious nourishment ; and, consequently, suffers too great a growth ; which makes it project from the level of the internal surface of the *uterus* ; there remains nothing more wanting, than to know what may give occasion in the *uterus*, to this too copious nourishment of some portion of its cellular membrane. But there can be known only three causes capable of producing this effect.

The *first* is, the thinness of some place in the internal surface of the *uterus* : whether proceeding from some stroke of the nail of a midwife, which has slightly scratched it : from some drop of acrid humour, which may have adhered there in the *fluor albus*, of a bad disposition ; and which may have exco-riated it superficially : or from some drop of *semen* infected with the venereal contagion ; which may have produced the same effect. By this thinness, the portion of the cellular membrane, which is under it, will be less pressed ; and the nutritive lymph will be detained there in greater abundance ; and, by nourishing this place

place more than the rest, will form there a *sarcoma*, that will gradually grow bigger.

The *second*, is the contraction, or *erethismus* of some portion of the cellular membrane of the *uterus*, caused by the pungency of some drops of an acrid and thick humour, which adheres there in the *fluor albus*, of long continuance: of some drops of *semen*, tainted with the venereal contagion, which has fixed there; or of some injection into the *uterus*, too acrimonious or styptic. This contraction, by closing the lymphatic vessels, detains there the lymph; and gives occasion to the formation of a *sarcoma*.

The *third* is, the relaxation of the elasticity, in some place of the cellular membrane: which may arise, either from the too great distension which this part may have suffered in a difficult and hard labour; or from the relaxation, to which it may have been exposed, by the stagnation of a serous *fluor albus*; which may have been detained there too long a time: and, in this case, the lymph, from the want of a sufficient force to press it out, will stagnate in the place where the elasticity is weakest; and, by nourishing it more copiously, will form there a *sarcoma*.

With regard to the *sarcomas* of the *vagina*, and the *vulva*, they are owing to the same causes: because the *vagina* is exposed to the same effects, and accidents: but there must be one added to them, which is peculiar to the *vagina*; to wit, the touchings that women make themselves; or that they suffer others to make, and which are the most common cause of the *sarcomas*, that happen in this part.

§. III. SYMPTOMS.

I. In the beginning, the *sarcomas* of the *uterus* are very small; and do not exceed the size of a pea: but they increase gradually, by the continued action of the same causes.

II. The growth of the *sarcomas* of the *uterus*, is more or less quick, according as the arteries, which pass into each *sarcoma*, are more or less large; or in
greater

greater or less number: which determines the greater or less proportion of nutritive lymph, that is supplied, and retained there.

III. *Sarcomas* are more or less firm in their texture, as the lymph, which nourishes them, is more or less thick in its consistence; or, as they are formed in an *uterus*, more or less hot, or more or less moist.

IV. These tumours are insensible; or, at least, have no more feeling than fat: because they are true adipose tumours; in which there are but few nervous filaments distributed.

V. The *sarcomas* are connected to the *uterus*, sometimes by a pedicle, that is thick and short; and sometimes by one that is long and small: which depends on the greater or less extent of the portion of the cellular membrane, which is enlarged.

VI. When the *sarcoma* adheres to the *uterus*, by a thick and short pedicle, it remains there perpetually fixed: but is sometimes separated, when the pedicles are long and small; and exposed to be broken by some effect. A delivery is then made of these *sarcomas*, as of a mole: but with much more trouble. These kinds of *sarcomas*, which have sometimes come away in this manner, have thrown some confusion into the idea, that ought to be entertained of true moles.

VII. When the *sarcomas* of the *uterus* have acquired a certain magnitude, they cause the same sense of weight in the *uterus*, and the same trouble in walking; as women find in the last months of pregnancy.

VIII. It often happens then, that the women, who have a large *sarcoma* in their *uterus*, are exposed, in like manner as pregnant women, to an *œdema* in the inferior extremities; and even in the lips of the *vulva*: on account of the compression, the *sarcoma* makes on the crural veins, and on those that carry back the blood from the *vagina*, and the *vulva*.

IX. While the *sarcomas* are yet small, it often happens, that the *menfes* continue: because a part of the internal surface of the *uterus* is still free for the blood-vessels, and the veinous appendices, to tumefy, elongate

gate themselves, open there, and produce menstruation. But when the *sarcoma* is become larger, the internal surface of the *uterus* is so very much compressed, that the blood-vessels, and the veinous appendices, cannot any longer elongate themselves; and the *menfes* are suppressed.

X. Notwithstanding this, there flows, at the same time, more or less copiously, from the *uterus*, compressed as it is, a lymphous humour, either coming from the internal surface of the *uterus*, where the circulation of the lymph is very much constrained; or exuding from the *sarcoma* itself, where the lymph stagnates in a great quantity.

XI. When *sarcomas* are exposed to blows, or contusions, in consequence of any fall on the belly; when they are handled too roughly in examining the nature of them; or when it has been practised, to apply on the belly, too powerful resolvent plasters, in order to discuss them; it sometimes happens, that they inflame; become painful; and even turn to abscesses in some places: or that they grow hard, schirrous, and even cancerous: as has been already observed, with respect to the incysted tumours.

§. IV. DIAGNOSTIC.

The *sarcoma* of the *uterus*, may be confounded with all the other kinds of tumefactions, which happen to that part; that is to say, with *schirrusses*; incysted tumours, or *steatomas*; dropsies; tympanies; and pregnancy.

I. They are easily distinguished from *schirrusses*: because, in the *sarcomas*, the *uterus* is more uniformly round; whereas, in the *schirrusses*, the inequalities in the body of the *uterus* are perceived; on account, that the hardness, and resistance, are much less in the *sarcoma*, than in the *schirrus*: and because, moreover, the *sarcoma* alters much less the health of the patients, than the *schirrus*.

II. It is more difficult to distinguish the *sarcoma* from incysted tumours; particularly from the *steatoma*;
with

with regard to which, all the exterior appearances are nearly the same. But, fortunately, this is of little consequence: because, as we shall see in the sequel, the treatment must be absolutely the same in both diseases; and the prognostic also.

III. With regard, as well to the dropfy, and the tympany of the *uterus*, as pregnancy, it is most proper to refer the diagnostic, which distinguishes them from the *sarcomas*, to the chapters where we shall explain the nature of these diseases, and of that state; and where it will be more easy to make the differences, on which this diagnostic is founded, be well understood.

IV. As to *sarcomas* of the *vagina*, and the *vulva*, they are distinguished easily: because they may not only be touched, but seen; even in the *vagina*, by making use of the *speculum uteri*. It is rare, therefore, that they are confounded, either with *schirrusses*, or *steatomas*; but they are sometimes confounded with the *descensus uteri*; as we shall shew, in speaking of that disease.

§. V. PROGNOSTIC.

I. The *sarcoma* of the *uterus* is an incurable disease. On the one hand, there is no room for hoping to procure the resolution of it; nor should it even be attempted; as it is not an inspissated and accumulated humour, of which there is reason to expect the solution; but the part itself too much nourished; that produces it: and, on the other hand, extirpation, which is a resource in external *sarcomas*, cannot be employed in those of the *uterus*.

II. But although *sarcomas* of the *uterus* are incurable, they may be suffered a long time without any inconvenience. They cause neither pain nor heat in the part; nor are attended with any fever; or injury to the natural functions of life.

III. The only inconveniencies they cause, when of long standing, are the weight which the patients feel in the hypogastric region; the trouble they find in walking,

walking, on account of the size of the *sarcoma*; and the lymphous discharge, sometimes acrid, to which they become subject; because of the compression, and distension, the *sarcoma* causes in the *uterus*.

IV. As *sarcomas* are tumours, which have nearly the softness of the adipose parts, they remain a long time in that state without change; and the more, as they are scarcely at all exposed to the action of exterior bodies; which can make any alteration in them: and it is for this reason, these tumours are had a long time without any danger.

V. Nevertheless, if it happen, from any of the reasons that have been mentioned, that these tumours inflame, or turn into abscesses or ulcers; they will be attended with the danger proper to these states. They will, in the same manner, be attended with the danger attending a *schirrus*, or a cancer, if they become, by any accident, schirrous or cancerous. But these cases are very rare.

VI. Lastly, with regard to the *sarcomas* of the *vagina* and *vulva*, the prognostic is the same as in those of the *uterus*; with this difference, however, that they may be cured: because they may be taken off, by the knife, or destroyed by caustics.

§. VI. *Method of cure.*

In a disorder that is incurable in its nature, all the treatment that can be practised, is reduced to the intention of a simple palliative cure: in which two objects are proposed; the one to diminish the growth; and the other, to lessen the inconveniencies.

I. To effect the first intention, care should be taken to facilitate the circulation of the blood, and to preserve the fluidity of it, in order to prevent the too great accession, and shorten the too long continuance, of the nutritive lymph, in the tumour.

In this view, 1°. The same remedies are employed, as we have before proposed for the palliative cure of *schirrusses*; that is to say, broths; or diluent and humectant apozems; whey, clarified and filtered, alone,
or

or charged with the juice of some aperient plants; weak chalybeate waters, in the proper season; provided there be no œdematous swelling of the inferior extremities, which threatens a dropsy: and even new asses milk, in case there be indications of acrimony in the blood.

2°. There may, moreover, if it be judged proper, be joined to these several remedies, some soft aperitives; and even some aperitive opiates, and gentle dissolvents, may be ordered, if any thickness of the blood be suspected.

3°. Lastly, the use of bleeding and purging must be effectually repeated. If there be a suppression of the *menfes*, the bleeding in the arm, at least four times in the year, should be practised; and purging as often. But if the patient be more than fifty-five years old, the number of bleedings may be diminished; but without retrenching any of the purgings.

II. The two principal inconveniencies of the *sarcoma* of the *uterus* are; 1°. The heaviness the patients feel in the hypogastric region; and the trouble they have in walking: 2°. The disagreeableness of a running, that is continual, and sometimes acrid.

The *first* of these inconveniencies is removed by means of a bandage proper for the belly; which surrounds, and supports the whole compass of it: and which is fastned behind the back; and rendered more secure, if there be occasion, by the aid of proper arms or handles.

All that can be done for the *second*, is to exhort the patient to keep herself clean; to wash often, with a slight decoction of chervil; to which may be added, a few drops of vinegar dulcified by litharge, which is infused in it; or even to make injections of the water of yellow mallows, into the *uterus*, if the orifice of it be sufficiently open: and to use, from time to time, half baths, warm.

III. If it happen that the pedicle of the *sarcoma* break, and that rolling in the *uterus*, the *sarcoma* pre-

sents itself to the orifice, to come out, the means must be made use of, that are proposed below for the extraction of a mole. But these cases are very rare.

IV. With regard to *sarcomas* of the *vagina*, and the *vulva*, they may be extirpated, either by the knife; which is the most certain way; particularly if the *sarcoma* be large: or destroyed by caustics; which is a method, that may be employed in the case of timid women, when the *sarcoma* is small.

In the first case, they were very much embarrassed formerly, when the *sarcomas* were situated in the *vagina*, to tie the pedicle of the tumour in a place so narrow: but a commodious instrument has been since discovered for making this ligature: though, in fact, it is scarcely requisite to use it. For the blood-vessels, which go to the *sarcoma*, are so small, and so few in number, that the amputation may be made without hæmorrhage: or, in all cases, with an hæmorrhage easy to be stopt, by the application of some pledgets, dipt in alum water. When the extirpation is made, the wound must be dressed as others are commonly.

But if the method of caustics be pursued, care must be taken, before they are applied, to secure all the surface of the *vagina*, or the *vulva*, with the plaster of mucilage; or to cover it with several pledgets, dipt in the water of yellow mallows. There should be most particularly the greatest attention, to cover and defend the orifice of the *uterus*. After having taken these precautions, the proper caustics should be applied: such as the *lapis causticus*; the troches of *minium*, or of corrosive sublimate, described in the Codex of Paris; or the prepared lint of Vigo: proceeding, in the use of them, with the greatest circumspection, and without hurry.

C H A P. VII.

Of the cancer of the uterus.

§. I. DESCRIPTION.

A Cancer is, in general, as has been said in the Treatise on tumours and ulcers, a tumour, that is hard, resisting, and, at the same time, painful, and shooting: or, to speak more properly, a cancer is a *schirrus* become painful, and attended with shootings. It is easy, from hence, to judge of the cancer of the uterus; since it does not differ from others, except in the place of its seat.

In order to know the causes, that occasion a *schirrus* to degenerate into a cancer, it is proper to examine, step by step, the changes which happen to the *schirrus* in this case.

1°. The *schirrus* becomes painful; and subject to shootings, more or less acute; particularly when handled.

2°. The *schirrus* swells, and enlarges faster than at other times; and, in enlarging, it changes its form, and figure; becoming unequal, pointed, and angular.

3°. Some of these angles become daily more pointed; and more projecting; and the membrane, which covers them, grows in proportion more red, smooth, and distended.

4°. These changes appear to the eye in the external cancers. They may even be distinguished in the cancers of the uterus, by applying the hand on the hypogastric region; and yet better by introducing the finger into the *vagina*: which affords the means of judging of the variations that happen in the neck of the uterus: and are made there from day to day.

5°. The principal pain, and almost all the shootings of the cancer, tend to these angles: and the whole of the disorder seems to be concentrated there.

In this state, the cancers of the *uterus*, like all those of other parts, bear the name of *confirmed*, but *occult cancers*.

6°. At last this membrane, in consequence of being stretched by the tumefaction of the cancer, cracks, and bursts: which change extends itself soon to the body of the cancer, that cracks and bursts, in the same manner. From these cracks there ouzes an ichorous *serum*, that increases gradually.

7°. When the cancer is divided; its edges turn outwards; and open more and more, without any apparent cause. In this state it is called an *open cancer*.

8°. The shootings, and pains, go on continually increasing, in the same manner as the opening: and the cancer, instead of a true *pus*, affords nothing but a *sanies*, that is very fetid.

9°. There are continually generated, from the body of the cancer, or its edges, spongy and rotten flesh: which soon becomes putrid; and which is daily renewed by a kind of vegetation.

10°. All the parts which join to the *uterus*, or are near to it, participate of the accidents of the cancer. The *vagina*, through which the matter passes that descends from it, is irritated, inflamed, and ulcerated. The pains are referred to the reins, the fundament, and the right or left sides, according as the cancer is situated in the *fundus*, the neck, and the lateral part, either right, or left, of the *uterus*. Sometimes neither the stool, nor urine, are made without trouble and pain; when the inflammation communicates itself to the *rectum*, or the bladder.

11°. Lastly, a slow fever is joined to this number of other evils: and the *paroxysms* are more or less great, and more or less long, according as the cancer is bigger or less; the humour, it affords, is more or less acrid; the pains it causes, are more or less violent; and the state of the blood is in its nature more or less depraved.

As it has been shewn above, Chapter V, that the *vagina*, and the *vulva*, were subject to *schirrusses*, in the

the same manner as the *uterus*, it is easy to judge, that these *schirrusses* may degenerate there into a cancer; by the same causes; and by the same progress; as those of the *uterus*: and that, therefore, the *vagina*, and *vulva*, may be the seat of cancers; and sometimes are so.

§. II. DIFFERENCES.

1°. The cancer is *incipient*, when the *schirrus* becomes painful, and attended with shooting, at great intervals, without the form of the tumour being apparently changed.

It is *confirmed*, when the shootings are more frequent, and the tumour has changed considerably its form; and is changing it from day to day.

2°. The cancer, whether incipient, or confirmed, is *concealed* or *occult*; so long as the tumour preserves its intireness, without any division. It is *open* or *ulcerated*, when the tumour is divided, let it be ever so little.

3°. The cancer is *malignant*, when it is attended with great pain, and violent accidents: and it is *kindly*, when the pain is more supportable; and the accidents not so bad.

4°. Lastly, the cancer comes from an internal cause, when it depends on the depravity of the blood, without any external cause, that has given rise to it; or, at most, with a very slight external cause; and it comes from an external cause, when it may be attributed to some accident; as a stroke, contusion, or bruise.

§. III. CAUSES.

Common opinion attributes the generation of cancers, to an humour, that is acrid, exedent, and corrosive: which ulcerates the *schirrus*; and which, by ulcerating it, produces all the bad symptoms that attend a cancer. But it is difficult, not to say impossible, to explain, with relation to that opinion, the origin of this humour, in a tumour, which is hard, com-

compact, and insensible; such as is a *schirrus*, from whence the cancer is formed. There is more difficulty still, in supposing this humour to explain the tumefaction which comes on the *schirrus*, when it degenerates into a cancer; and the variations, that are observed in the tumefaction; and which change, from day to day, the form of the cancer. It is difficult, moreover, to assign a reason for the turning out of the lips of the cancer; and the readiness with which a cancer once opened, opens more and more, without any apparent cause; and, as it were, spontaneously.

I have laid down in the *Treatise on tumours and ulcers*, a theory which appears more plausible; and which, I believe, ought to be adopted for the cancers of the *uterus*: that differ from other cancers only in their place. But to show the grounds of this theory, it is proper to make some previous observations.

1°. That the *schirrus* of the *uterus*, is a tumour formed gradually by the collection of lymph, or of uterine milk, thickned, prest, beaten, accumulated; and, by such means, become capable of producing a hard and resisting tumour.

2°. That this tumour, thus formed, enlarges, extends itself, and rarefies, when it is converted into a cancer; and that it enlarges, and rarefies, unequally, according as it is more or less pressed. These facts are confirmed by the tumefaction, which happens to the *schirrus*; and by the inequality of the swelling.

3°. That the membrane, which covers it, and even the body itself of the cancer, rend, or burst, only in consequence of being distended: and that this happens always in the place, where the distension is greatest.

4°. That the cancer, being once open, continues to open itself more and more; as from its own power: and that its edges turn back outwards, only by the continuation of the tumefaction of the cancerous mass.

If these observations be duly weighed, I conceive, there will be no difficulty in granting, that it is very apparent, the *schirrous* matter is liable to considerable tumefaction and rarefaction: and that it is only to this tumefaction and rarefaction, which happens to the *schirrus*, under certain circumstances, the change of the *schirrus* into a cancer must be attributed.

The property, which I ascribe to the matter of the *schirrus*, of extending itself, and rarefying, may be supported by many instances. It is thus, that plaster tempered with water swells, and extends itself, in proportion as it hardens. It is thus, that iron filings, mixt with urine, and pounded garlic, form a mixture that tumefies in growing hard; and it is thus, that the solutions of metals, and of salts, form, by raising themselves, kinds of vegetation.

These principles, once established, there is nothing further wanting, to explain the conversion of the *schirrus* of the *uterus* into a cancer, than to point out the cause, that can produce, in the *schirrous* matter, the expansion, or the unfolding, of which the consequence is the generation of a cancer.

This cause can, however, be nothing else, but a considerable augmentation of heat in the matter of the *schirrus*: which, by rarefying it, brings it to a condition of extending, and unfolding itself: which can never happen, except in the three following cases; with relation to which, it is material to observe, that they are precisely the same with those in which *schirrus*es turn to cancers.

The *first* is, the increase of the natural heat of the blood by fever; the improper use of acrid salt; heating diet; long watchings; over great exercise; and violent passions.

The *second* is, the increase of heat in the *schirrus* itself, by some particular cause; as the inflammation of the *uterus*; the undue use of dissolving remedies imprudently employed; the too frequent use of coition; pregnancy, to which the patient is impro-

perly exposed; or a miscarriage, where a difficult delivery has been the consequence of it.

The *third*, finally, is the augmentation of the access of blood to the *schirrus*, caused by a general *plethora*, or by a fever; the too frequent handling of the disordered part; the use of too hot baths; the irritation of the *fluor albus*, when too acrid; and, lastly, some compression, or blow.

§. IV. SYMPTOMS.

I. A *schirrus*, that degenerates into a cancer, grows larger, and is extended by the rarefaction, and unfolding of the matter, of which it is formed, produced by the action of some of the causes, that have been laid down.

II. This unfolding is not uniform in the whole extent of the *schirrus*, either, because the matter of the *schirrus* is not equally fit to be rarefied; or, because it is not every where equally exposed to the causes, which make it rarefy. From whence it arises, that there is then formed on the *schirrus*, those protuberances, or inequalities, that change the figure of it.

III. This expansion, or unfolding, of the mass of the *schirrus*, which degenerates into a cancer, cannot be made without causing violent distensions, in the nervous filaments; which are distributed there; and to this distension, must be attributed, the shootings, or cutting pains, which are felt in the incipient cancer; and increase in it daily; and which are, as it were, the pathognomonic symptoms of it.

IV. These shootings, begun in the cancer, propagate themselves into the neighbouring parts; as explosions of pain; because the motion impressed on the nervous filaments in the cancer, are communicated, by the continuity of the nerves, into the neighbouring parts.

V. The expansion of the cancerous matter continuing to increase, it results, at last, that the membrane, which covers the cancer; and afterwards the
body

body of the cancer itself; are rent, and opened; which begins always in the places, where the expansion is the greatest.

VI. It is owing to the same reason, the opening of the cancer, at first but small, enlarges of itself, by the tumefaction of its edges; and that its edges, by tumefying continually more and more, fold back, and turn outwards.

VII. It is also, for the same reason, there is generated, from the bottom and edges of the cancer, a considerable quantity of fungous flesh; which grows, and extends itself quickly, as by a kind of vegetation; and, soon after, becomes a rotten mass; but is quickly replaced by new flesh of the same nature.

VIII. The edges of the cancer, in tumefying, recede, from each other, and tear, in receding, the blood-vessels, as well arterial as venous, that are in the interval of space: which causes the frequent hæmorrhages in the open cancers; greater or less, according as the vessels are larger or smaller; or may be arterial or venous.

IX. The humour, which runs from the cancer, is first lymphous, and afterwards ichorous: but it becomes soon sanious, and purulent; and is generally of a fetid and cadaverous smell; which must be imputed to the corruption of the rotten flesh, which is mixt with it.

X. In the sequel, the cancer making a continual progress, a fever comes on, attended, or presently followed, with *insomnia*, *nausea*, and *marasmus*: and, at length, if the patient does not sink under the violence of the pains, she perishes generally by an *anasarca*, or by a dropsey of the *abdomen*.

XI. All the neighbouring parts of the *uterus* participate of the pain caused by the cancer; and this, more or less accordingly, as the place where the cancer is, in the *uterus*, sets them more or less within its reach. Sometimes even the swelling of the cancer is communicated to the *rectum*, bladder, and fundament; and produces then sensible tumefactions of these several parts.

§. V. DIAGNOSTIC.

I. The existence of a cancer of the *uterus* is evinced by facts, that do not permit it to be mistaken.

1°. It succeeds always to a *schirrus*, which has preceded; of which the diagnostic is not doubtful: and it shows itself from the beginning, by the tumefaction of the *schirrus*; and by the shooting pain, that attends this tumefaction; and which form the characteristic of a cancer.

2°. Besides, it is easily distinguished by the changes, which happen in the magnitude, and figure of the *schirrous uterus*; and which never do happen, but when the *schirrus* degenerates into a cancer.

3°. There are yet more certain symptoms, when the cancer seizes the neck of the *uterus*; which is often the case. For then, the inequalities of the neck may even be touched, or seen; and all the variations, which are made in the figure, may be distinguished.

II. It is not more difficult to distinguish the different states of the cancer of the *uterus*. When there is a certainty of its existence; and it does not, nevertheless, produce any discharge; it is unquestionable that the cancer is *occult*. It is easy to determine afterwards, whether it is *incipient*, or *confirmed*, according to the time that has elapsed since the shootings were first felt; and according to their violence. Finally, it cannot be doubted, whether the cancer be *open*; when an humour, more or less copious, and which is successively lymphous, ichorous, sanious, and, at last, very fetid; is perceived to be discharged from the *uterus*.

III. It is very material, for the prognostic, to distinguish the *kindly* cancer, from the *malignant*: and this determination is also easy. The cancer is *kindly*, when the pain is supportable; the shootings distant from each other, and moderate; and the matter discharged serous, and with little smell: which prove the matter of the cancer does not rarefy, or unfold itself,

itself, but in a small degree, and slowly : and that there is consequently formed, in the cancer, little or no fungous flesh, capable, by corrupting, of tainting the lymphous *serum*, which runs from the cancer.

In the malignant cancer, on the contrary, the pain is great, and almost insupportable ; the shootings very acute, and frequent ; and the matter which comes from the *uterus* of a cadaverous foetidness, occasioned by the mass of the cancer extending itself, and changing figure continually, and by the humour which runs from it, being corrupted by the rotten matter of the fungous flesh, which grows copiously in the cancer.

IV. Lastly, the knowledge of every thing that has preceded the generation of the cancer ; as well as that of the prior state of the patient ; and of the constitution of her blood ; furnish the means of judging, if the cancer should be attributed to any accidental and exterior cause, particularly a venereal contagion ; or whether it depends on the proper depravity of the blood.

§. VI. PROGNOSTIC.

In general, every cancer is incurable, from its nature, when it cannot be extirpated : because it is certain, they do not give way to any of the methods which cure tumours ; to wit, resolution, or suppuration ; from whence it is easy to conclude, the cancers of the *uterus* are absolutely incurable ; since they cannot be extirpated.

The cancers of the *uterus* are not only incurable ; but they rage much more than cancers of the breast : because they are in a part that is hot, and furnished with a great number of blood-vessels : which, by heating the matter of the cancer, accelerate the tumefaction, and ripening : from whence comes the rapid increase of the disorder.

There are, nevertheless, some instances of cancers, produced by a venereal cause, which have been cured by mercurial frictions : but these instances are rare ;
and

and a similar success can only be hoped for, when the cancers are small, incipient, and kindly; and happen in a person otherwise well in health.

Cancers of the *uterus*, therefore, demand no care, or attention; except as to what regards the palliative cure: and the prognostic that should be made of them, is confined to the distinguishing those, of which the progress may be a long time retarded, and the accidents mitigated.

There may, for example, be hopes of succeeding in these two points; and of protracting the disorder, when the cancer is not open; not greatly painful; not changed in figure, or changing only in a very slow manner; of a kindly nature; and happening to a patient in other respects of a good habit, and regular as to the *menfes*.

There is, on the contrary, reason to be afraid, the disorder will carry off the patient rapidly; when the cancer is already ulcerated in a great degree; very painful, and subject to great shootings; changed in its figure much, and still changing frequently; attended with frequent hæmorrhages; malignant; and happening in a woman of bad habit, who has no *menfes*; or has them irregularly.

§. VII. *Method of cure.*

The palliative cure of the cancer of the *uterus* being, as we have seen before, that alone which can be practised, is confined to the four following intentions.

I. To diminish, and retard, the progress of the disorder, by internal remedies: II. To produce the same effects, by proper external remedies: III. To quiet; or, at least, to moderate, the violence of the pains: IV. And, lastly, to relieve the hæmorrhages, that come on too frequently.

I. The first of these intentions is, by the use of the internal remedies that follow.

1°. By prescribing an exact regimen; reducing the patients to broths, or to farinaceous diet; forbidding them the use of flesh, and of wine; or permitting them

them only in a very moderate degree: prohibiting all motion of the body; and obliging them to keep in bed, or on a long couch; and to eat little, for fear of making too much blood.

2°. Notwithstanding all these cautions, care must be taken to bleed the patients in the arm, from time to time, about every two or three months, when they have not the *menfes*, or have them unduly. This resource is one of the most efficacious, that can be practised in these cases.

3°. The patients must be purged from time to time, with gentle cathartics; which, in passing, nether irritate, nor heat. Such are the polypody of the oak, tamarinds, *cassia*, rhubarb, the vegetable salt, &c.

4°. It must not be neglected, to make the patients take diluting and cooling broths; whey, filtered and chalybeated; asses, goats, or cows, milk, given at proper seasons, twice or thrice a day: or it may be ordered for the whole food, if the stomach can bear such diet.

5°. It is necessary to give, in the summer, mineral chalybeate waters, that are very weak; as the waters of Forges: making the patient drink a moderate quantity every day; but continuing the use a long time.

II. In order to effect the same intention, the following remedies may be employed with success.

1°. Domestic baths, and half baths, of warm river waters; or warm decoction of mallows; yellow mallows; *acanthus*, &c; in which the patient should continue for an hour at least.

The use of milk, and whey; and even of the mineral waters; may be joined to these remedies. In the first case, the baths, or the half baths, should be used fasting; and the milk, or the whey, should be given at the coming out of the bath. In the other, the water should be drunk in the morning; and the patient should bath two hours before supper.

2°. Injections into the *uterus*, with the juice or decoction of nightshade, in Latin, *solanum morella dictum*,

rum, or of houseleek, in Latin, *sempervivum*. These juices, or decoctions, are to be beaten in a leaden mortar, with a pestle of the same metal, till the fluid grow thick and black. There is even sometimes added, where the pains are very acute, a little burnt lead, reduced to an impalpable powder: or a little sugar of lead is dissolved in them; but in a very small proportion.

3°. It may even be tried, to employ, as injections, the broths of young frogs, crawfish, crabs, snails, earth worms, *lumbrici*, &c. that are turned black, by beating them in a leaden mortar: and in which is sprinkled, a little of the powder of frogs, crawfish, or toads, dried in an oven, and powdered. There may even be added, if the pain be very violent, the white troches of Rhasis; and syrup of white poppies, or *diacodium*.

III. The only means of effectually mitigating the pains, is to employ narcotics: and it is a relief that should never be denied to the patients; at least, unless they abuse the liberty. The narcotics, the most safe, and proper, in this case, are those which *opium* affords, as the *laudanum* in substance, or dissolved in water; and the anodyne tincture of Sydenham, according to the Parisian code. These remedies are not only given internally, but they are mixt with the injections, that are made into the *uterus*: as has been before mentioned. The dose of these remedies must vary, according to the violence of the pains, and the state of the patient. It is always better to part the quantity, that should be given, into several middling doses, which may be repeated according to the exigence of the case, than to give too strong a dose at one time.

IV. In the cancers of the *uterus*, there can be no other remedy against the hæmorrhages which come on, than to make the patients take for their common drink, a ptisan made with the decoction of the roots of comfrey; in which is mixt some of the water
 3 of

of Rabel, *ad gratam aciditatem*; that is to say, about fifty-seven drops, to two pounds weight; and which is afterwards sweetned, by adding an ounce of syrup of capillair, or of gooseberries. But as this remedy is not quickly enough prepared, the best method is, immediately to make injections into the *uterus*, of the juice of plantain, and shepherds purse, in Latin, *bursa pastoris*; to which is added, frankincense, or rock alum, powdered; or, what is more ready, the ptisan above spoken of, made with the decoction of the roots of comfrey, and the water of Rabel.

It must be observed, that when the cancer is seated in the orifice of the *uterus*, the *vagina*, or *vulva*; there may be employed, in order to moderate the accidents, the same remedies which are used in exterior cancers; as pledgets dipt in the decoction before mentioned; or powdered with the absorbents used in this case: as the powder of lead, amalgamated with mercury; the powder of lead mixt with equal parts of the powder of crude antimony, or of the *anti-hecticon Ponterii*; or, what is still better, a fomentation with the leaves of hemlock, in form of a bag; which is dipt in hot water, and applied upon the part, as will be explained more fully at the end of this chapter, in a particular paragraph.

Sometimes, when there is occasion to eat away the rotten flesh, pledgets are applied, charged with the balsam of steel, described in the *Treatise on tumours and ulcers*; which may, by washing it, be dulcified as much as may be thought proper. At other times, slices of veal are laid on the disordered part, in order to allay the pains and inflammation. But it must be observed, in all these cases, to fasten to the pledgets a double waxed thread, to be able to draw them out with ease, when there may be occasion for a new dressing.

Lastly, if there be proofs, or, at least, strong presumptions, that the cancer of the *uterus* is venereal, there

there is no occasion to hesitate, to put the patients under a course of mercurial frictions, skilfully managed, after having prepared them well by the common methods. I ought, on this account, to repeat what I have already said on the venereal ulcers of the *uterus*, that it is proper to employ mercurial frictions in small doses, and at great distances, in such manner, that they may never excite any considerable motion in the blood; and that they may not conduce to promote the tumefaction, or maturation of the cancerous matter; which would only accelerate the progress of the disorder.

§. VIII. Remedies proposed for the cure of cancers.

I. As the use of mercurial frictions have been a long time practised for the ulcers and *schirrusses* of the *uterus*, so they have been also for cancers: but have not been found, in this case, to have the same success. When the cancer depends on a venereal cause, these remedies succeed sometimes; although the cure is not constant, nor always complete. But they have no effect at all, when the cancer is not venereal; and that it proceeds from common causes. What has been already said on this head, in the *Chapter IV and V*, in speaking of the methods of cure of ulcers and *schirrusses* of the *uterus*, may be consulted for further elucidation of this point.

It is from not having distinguished the nature, and causes of cancers, that Mr. Andrew Elias Buchner, professor of physic, has presumed too much in his thesis *De medicamentorum mercurialium usu in cancro*, maintained at Hall in 1755, of the effect of mercurial preparations, and particularly of *mercurius dulcis*; which he boasts as a specific in the cure of cancers.

I suspect, in the same manner, that Mr. Philip-Frederic Gmelin, professor of physic at Tubinges, for want of having made the same distinction, has given too much latitude to an account, which he received from Mr. Antonio Ribeiro Sanchez; and has drawn from it, a conclusion too general, in his dissertation, intitled,

intituled, *Specifica methodus recentior cancrum curandi*, printed at Tubinges, in 1757; and inserted by Mr. Haller, in his collection of *Theses of Medicine*, Vol. VI.

Dr. Sanchez, a physician of reputation, and who has exercised his profession with eminence in Moscow, has written from Petersburg to the brother of Mr. Gmelin, that a cancer in the nose, ulcerated, and penetrating even to the bone, had been cured, in three months, by a physician to whom he had communicated the method he practised himself. The essential part of this method lay, in making four grains of corrosive sublimate be dissolved in forty-eight ounces of spirit of wine. He gave to the patient, morning and evening, an ounce of this spirit every time. I omit some external remedies; as fomentations and liniments, of which he communicated the particulars, that some use had been made of: but which could only serve to mitigate the disorder, without being able to cure it.

This account appears to me true in all its circumstances; but I conclude from it, that the cancers cured, by the administration of the corrosive sublimate, was a venereal cancer. Mr. Sanchez remarks himself, that the corrosive sublimate, thus administered, cures the venereal disease; and he affirms, he employed it in such cases, with success, more than twenty times. It is not then surprizing, that, by curing the venereal disease in the patient, of whom we are speaking, he should cure the cancer; which was a symptom of it. But Mr. Gmelin is not authorized to draw from this particular fact, the general conclusion, that the corrosive sublimate was a specific for cancers. Dr. Storck's accounts, of which we shall speak hereafter, have shewn, *Case 1* and *9*, the inefficacy of this method in cancers, which proceed from common causes.

Moreover, the remedy Mr. Sanchez communicated to the physician, who cured the cancer in the nose, is,

in fact, the same with that ¹ which Boerhaave has intimated in his *Elements of Chemistry*; and which Dr. Van-Swieten has made public.

This remedy was in use at Paris a long time before, as observed in the advertisement added to the third volume of the *Treatise on the venereal disease* ², in French; and, what is more surprizing, it was in use, a much longer time since, in Siberia, among the Ostiacks; who inhabit it. It is found in the *Bibliotheca Germanica* ³, that John Bernard Muller, a Swedish captain, who had been a long time a prisoner in that country, recited in a *Relation of the manners and customs of the Ostiacks*, printed at Berlin, 1720, that to cure the Neapolitan disease, the Ostiacks made the patient eat corrosive sublimate in potage, made of oat-meal; after which, they gave them every day a glass of very strong vinegar.

It may be concluded then, that mercury, and the preparations of it, may, and even do, sometimes, cure venereal cancers: but they ought not, on that account, to be recommended as specific remedies against all cancers. To which, I believe, it ought to be added, that, in the cases where the nature of the cancer makes the use of mercury requisite, it would be always much better to employ it in frictions, administered as has been noted above, Book II. Chap. IV. §. IV, than to give it under the form of corrosive sublimate, of which the operation is always dangerous, and almost always inefficacious.

II. The expectations that have been raised of mercury, being so ill founded, it must be granted, as has been already said, that there is not a specific remedy for cancers known: and that there is no other means of remedying them, than extirpation: which can never be possibly practised in the cancers in the *uterus*; nor always even in the extreme parts. Praises are, therefore, due to those physicians, who set themselves about seeking a specific, and who have made the necessary

¹ Chem. Part. III. Processu
CXCVIII.

² Pag. cxxvi.

³ Vol. II.

trials to succeed in it. It must be confest, that the remedies, they have proposed, are obtained from plants much suspected, and decried: but they pretend, to have experienced only good effects from them: and it is but justice, therefore, to consider their reasons, and examine their accounts.

The first of the plants is the *bella donna*, otherwise *solanum furiosum*, or *solanum melanocerasos*, that Linnaeus calls *atropa*. Even to the present, this plant has been regarded as a poison: and the bad effects of it are attested by John Schenckius¹, who has collected the testimony of several physicians: by Simon Pauli²: by John James Webster³: by Amatus Lusitanus⁴: and, more recently, by John Sebastian Albrecht⁵, professor at Coburg.

Vulgar prejudice did not, however, hinder Mr. Michael Alberti, professor of physic, from maintaining at Hall, in 1739, a thesis, *De bella donna, tanquam specifico in cancro, praesertim occulto*. As I have never yet been able to procure this thesis, I cannot say what the professor alledged in support of his opinion: but the date of this thesis informs me, that it is to him, the honour belongs, of having first proposed the *bella donna*, as a specific remedy against cancers, when taken inwardly. For use has been made, for a long time, of the leaves and juice of this plant⁶ externally, as a topic in the open cancers, to alleviate the pains.

Mr. Tiberius Lambergen, professor at Groningen, is the second physician, who has administered the *bella donna* internally. He had under his care, in 1745, a woman seized with a cancer in the breast, that was open, and of long standing; whom he dispaired to cure by common remedies. He consulted some of his friends, and one⁷ amongst them advised him to use

¹ Libr. vii. *De Venenis* cx Ann. 1731. p. 332. & Ann. plantis. Observ. 164. 1732. p. 121.

² In quadripartito Botanico.

³ In Tractat. de Cicutâ aquatica. ⁶ Voyez Gendron, *Recherches sur les Cancers*, pag. 137.

⁴ Centur. iv. Curat. 98.

⁵ In Commenc. Noribergico,

⁷ Frederic Winter, professeur en médecine à Leide.

the *bella donna*; which he confest he had never employed himself; but of which he had heard the efficacy praised in the cure of *schirrusses*.

Mr. Lambergen, prepossess'd against this remedy, thought he ought to prove the effects of it, before he gave it to others: and he had the courage to make the trial on himself; and did not, till after he had been thus encouraged to it, resolve to try it on the patient. He has given, in detail, the journal of this proceeding, in an inaugural discourse, pronounced, and printed, at Groningen, 1754; under the title of *Lectio inauguralis sistens Ephemeridum personati carcinomatis*: which Mr. Haller has insert'd in his collection of *Theses of Medicine, Vol. II*; and, of which, this is the real substance.

He infused, during the night, with a gentle heat, one scruple of the dried leaves of *bella donna*, in the quantity of water that six common tea cups contain: and he gave one of the cups every day to his patient. He sometimes increased the dose to a cup and a half; and even to two cups, one in the morning, the other in the evening: but he did not continue it, a long time together, for fear of bad accidents.

This method was persued for near five months, from the twenty-fourth of January, 1741, to the eleventh of June following; and, in that interval, the patient took the infusion of six drams of the leaves of the *bella donna*, prepared, as has been mentioned.

There had been many variations in the course of the treatment; and the disease appeared to triumph more than once: but, at last, it was perfectly cured. The use of this medicine had no other effect on the patient, than to give her a slight *vertigo*, or sort of drunkenness; and a dryness in the mouth, and in the gullet, which would not let her swallow tea, that was given her, without pain: but these accidents soon ceased. It is true, they were renewed always on each dose of the medicine; to which the patient could never habituate herself; and this prevented the physician from augmenting the quantity.

Although the certainty of curing a cancer, which Mr. Lambergen attributed to the *bella donna*, was only founded on one experiment, his authority was sufficient, to engage some persons here to try the effect of the medicine, upon patients afflicted with cancers. I am ignorant of the particulars, and the success of their trials: but the silence they have kept, has made me judge, the consequence has not answered the hopes they had conceived. They ought to have expected no other, if they had consulted Mr. Buchner, in the *thesis* mentioned before; where this physician, who wrote a year after Lambergen, says, in express terms, that the *solanum furiosum*, so much praised, does not always cure cancers; and that it does not cure them in a safe manner: ¹ *Neque, à multis ad hos usus eximie laudatum solanum furiosum securè atque certò carcinoma semper refrænavit.*

In these circumstances, prudence demands, that a similar remedy should be forboren, till experience has better established the effects; and the more, as although it was used in very small doses, it did not fail, according to the confession of Mr. Lambergen, to produce every time, accidents that were bad enough, though not lasting; and as the *vertigo*, which it caused, went sometimes so far, as to affect the sight.

I believe the same judgment may be extended to the *phytolacca* of Tournefort, or *solanum magnum Virginianum Parkinsoni*; although ² some favourable experiments are related, to have been made at New York in America; and that Mr. Daniel William Triller, professor of physic, recites some others in a *thesis*, which he maintained at Virtemberg, in 1752, under the title, *De naturâ canceri inveterati extirpatione novis experimentis demonstratâ.*

III. The other plant, that has been proposed for the cure of cancers, is the hemlock, *cicuta*; but the terrestrial hemlock, which it is necessary to distinguish from the aquatic, is meant.

¹ §. xxiii.

in der Medicinischen Bibliothek.

² Rudolph Augustin Vogel, *Erstembande*, pag. 849.

A better opinion did not, formerly, prevail of this plant, than of the *bellâ donna*: and it was regarded, in the same manner, as being a poison. Such was the common sentiment ¹ of all physicians. It must be confessed, nevertheless, that this poisonous plant was ordered internally by Hippocrates ², in the diseases of the *uterus*: and, according to Galen ³, the decoction, the seed, and even the leaves, entered into several compositions, that he approves; and among which there were some, he says, he made use of.

He mentions ⁴, among others, a composition, which he ascribes to Apollodorus: and of which, he says, that Heraclidus, of Tarentum, made use to quiet great pains; and the hysterical vapours: into which there entered a good proportion of the juice of hemlock; and which has, by that, and by the manner of its preparation, some correspondence with the remedy, that is now proposed. Here is the recipe for this composition.

R. *Succi Cicutæ, Hyoscyami*, āā ʒiv.

Castorei, Piperis albi, Costi, Myrrhæ, Opii, āā ʒj.

Hæc lavigata, additis duobus passi Cyathis, in sole commiscebis, donec inspissentur, & inde confinges Pastillos ad Fabæ Græcæ magnitudinem. Dato cum Vini Cyathis duobus.

In our time, even Ray ⁵ affirms, that an English physician, called Bowles, gave, in malignant fevers, and quartans, a scruple of the root of hemlock: and Paul Reneaume, a physician of Blois, has written in

¹ Celsus, *De re Medicâ*, Lib. vi. cap. 27.

Dioscorides, *De re Medicâ*, Lib. iv. cap. 79. & *Alexipharm.* Cap. 11.

Calenus, *De simplic. Medicam. Facultat.* Lib. iii. cap. 18.

Aëtius, *Tetrab.* iv. Sermon. i. cap. 63.

Paulus Ægineta, Lib. v. cap.

41.

And the greatest part of the modern physicians.

² *De naturâ muliebri.*

³ *De compositione Medicamentor. secundum locos.* Lib. vii. cap. 2. 3. 5. Lib. ix. cap. 4. & Lib. x. cap. 1.

⁴ *De Antidotis*, Lib. ii. cap. 13.

⁵ *Histor. Plantar.* Lib. ix. cap. 8.

his observations¹, that he had given, for obstructions of the liver, the infusion in wine; once to the amount of two scruples; and another time to two drams of this root, dried in the shade; and reduced to powder.

But these authorities, and instances, had no influence: the prejudice against hemlock subsisted still; and praises are due to the courage of Dr. Anthony Storck, a physician of Vienna in Austria: who², desirous to employ this plant against cancers, dared to try its effects on himself, before he administered it to others: as he has said in his dissertation; which he printed at Vienna, under the name of *Libellus, quo demonstratur Cicutam, non solum usu interno tutissime exhiberi, sed & esse remedium valde utile in multis morbis, qui hucusque curatu impossibiles dicebantur*.

But what merits yet more praise is, the prudent conduct with which he administered it in nice circumstances; his care to procure many physicians, of great knowledge, to be witnesses of his experiments; and the candour which he has used, in communicating the composition of his remedy, and the success which he found it to have.

Nothing is more simple than this composition. The juice of the hemlock, fresh gathered, is expressed, and inspissated gradually, in a gentle sand heat; being often stirred, to hinder it from burning. When it is reduced to the consistence of a thick extract, it is taken off the fire; and mixt with as much of the powder of the dried leaves of the same plant as is requisite, in order to form it into small pills of two grains each.

¹ Observat. 3. & 4.

² I do not know whether he was determined to this by a word, that Mr. Gmelin let drop in the year 1717, in the preface to the *thesis*, which he then maintained on cancers; and which has been before men-

tioned; where this professor intimates, that hemlock had been used with success, internally and externally, against the same disorder. Sic, says he, *ex. gr. Cicutæ, Atropæ internè & externe applicatæ multum levaminis attulerunt*.

Dr. Storck gave, in the beginning, only one of these pills, in the morning, fasting; and another in the same manner, in the evening: but, become more courageous in the sequel, he began with greater doses. He augmented, afterwards, these first doses gradually, and pill by pill, according to the obstinacy of the disease. At first the effect was scarcely sensible: but afterwards the progress was more rapid: sometimes the disease was cured in a month or two; and sometimes the cure was protracted longer; according to the degree of the disorder, and the state of the patient.

It was not on one instance only he formed the judgment, which he imparted to the public. He repeated these experiments upon many patients, who had occult or open cancers in the breast, or in the face; indurated glands, or schirrous *strumæ*; *schirruſſes* of the liver; and, what is yet more surprizing, cataracts: and his remedy afforded a cure to all, by a gentle resolution; and sometimes, in the cancers, by a laudable suppuration. He performed the experiments in the sight of physicians of great knowledge; who were the witnesses of his success. He, moreover, communicated his remedy to several physicians, and surgeons, who employed it upon a great number of patients; and who acknowledged the good effects of it. All this is found in the dissertation that has been cited, related in detail, with a frankness and candour, which do much honour to Dr. Storck. How many men do we know; who, if they had been possessed of such a secret, would have taken the greatest care to conceal it from the public, without troubling themselves about the injury done to those afflicted persons, who might, perhaps, have been cured, or relieved, by this remedy, if it had been known publicly.

After this, it is not surprizing, that Dr. Storck's sincere relation should inspire a confidence in those, who have read his work. From the first information of his remedy, even to the present, there has been an eagerness to try it. The success has not
been

been decisive: but the pains of cancers have been moderated; and the bulk of the tumour diminished; which support some degree of hopes. There is one very important fact, that should not be forgotten, which is, that no body has received any inconvenience from it; although it has been already given many times in the dose of twenty, twenty-five, and thirty grains a day.

It may be well imagined, that after this account, I shall not be forward in condemning the use of hemlock, according to the method of Dr. Storck. But I go further, I believe a prudent physician may, and ought to employ it, in all the cases where Dr. Storck has used it himself: and in such as approach to them in their nature. It is with new remedies, as with new fashions, a man who is discreet, ought not to be among the first to adopt them: but he ought not, nevertheless, to be the last to take advantage of them, when their qualities, and virtues are sufficiently established.

Besides these pills that have been described, Dr. Storck has employed, internally, some other remedies taken from hemlock. As, 1°. The powder of the root of this plant formed into pills, with a sufficient quantity of gum tragacanth. But the use of this powder requires much more care, than that of the juice: because the root is more powerful. 2°. An extract made with a strong decoction of the leaves; which is less powerful than the pills made with this juice; and may be given in greater doses. He made use, also, of leaves of hemlock, externally, in the form of fomentation, in the open cancers, that were very painful. With these leaves, dried and cut, he filled bags, which he steeped for some minutes in boiling water; and employed hot on the cancer; after having slightly squeezed them. He gave purges also, from time to time, during the administration of his remedy, when he believed he saw occasion for it.

It is important, moreover, to observe, that the virtue of hemlock is not the same every where. It
has,

has, certainly, more power in warm countries, as in Languedoc, and Provence, than at Paris : and in Italy and Spain, than in France : and this ought to be well considered by those, who would employ it in this country. But as the climate of Paris differs but little from that of Vienna, I believe it may be used here in the same manner as there. It is certain, that those, who have begun to employ it here, have followed nearly the quantities stated by Dr. Storck ; and have not found any bad effect from it.

The extract of hemlock has been given at Paris, for more than six months, in all the cases where Dr. Storck has himself given it. There has not, indeed, been any bad effect found from it ; but the success has not answered, hitherto, the expectations conceived of it.

C H A P. VIII.

Of the dropsy of the uterus.

§. I. DESCRIPTION AND DIFFERENCES.

THE dropsy of the *uterus* is a collection of water, or of lymphous *serum*, in the cavity of the *uterus*. But this water or *serum* is not, however, always contained there, in the same manner. Sometimes, and indeed most commonly, it floats freely in the *uterus* : and then this dropsy bears the name of the *ascitic* dropsy ; because the *uterus*, when full of water, resembles an *ortre*, or kind of large sea-fish, called, in Greek, *ὄρνις* : and sometimes, though seldom, it is inclosed in a great number of vesicles, which all adhere to the internal surface of the *uterus*, by one common pedicle ; or by several distinct pedicles ; and then this dropsy is called the *hydatic* dropsy : because these vesicles bear, in Greek, the name of *ὕδατιδες*.

The accidents are nearly the same in both these kinds of dropsy. In the beginning, the disorder is scarcely

scarcely sensible; and the *uterus* gradually rises, swells, and becomes round, unwieldy, heavy, yielding, nevertheless, easily to compression; and preserving even some power of elastic resolution. When the disorder is come to a certain degree, the patients find trouble in walking; and cannot lye on either side.

Whatever resemblance there may be in the symptoms of these two kinds of dropfy, the causes, which produce them, are really different; and it is, consequently, necessary to explain them separately.

§. II. *Causes of the ascitic dropfy.*

Since the ascitic dropfy is a collection of lymph, or lymphous *serum*, in the cavity of the *uterus*, it is evident, that this disease supposes always the concurrence of the two following circumstances. The one, that the lymph, or lymphous *serum*, should distil, drop by drop, into the cavity of the *uterus*, more abundantly than in the natural state. The other, that the orifice of the *uterus* be closed; without which, the *serum* would run off by the *vagina*, in proportion as it should be extravasated.

I. With regard to the first of these facts, the lymph, or the lymphous *serum*, cannot distil more copiously into the *uterus*, except by two ways.

Either by means of exuding through the coats of the blood, or lymphatic vessels, which supply the internal surface.

Or by means of filtration, through the lactiferous *vesiculæ*, with which this surface of the *uterus* is furnished; and which open into its cavity.

But, 1°. It is a demonstrated point of theory, that the lymphous *serum*, never exudes through the blood or lymphatic vessels, into any cavity, except when there is some obstacle, that retards there the circulation of the blood, or the lymph, which compels these fluids to stagnate in their vessels; extend their coats; dilate the pores; and make their way through by that means; at least, as to the most thin and serous part.

It follows, therefore, from thence, that the exudation of the *serum*, or lymph, in the *uterus*, can only be made in the cases, where there may be, in the internal coat of this part, some obstacle capable of retarding the course of the blood, or the lymph: such as *schirrusses*, or schirrous tubercles; *steatomas*, or incysted tumours; *sarcomas*; moles; &c.

Inveterate obstructions of the lactiferous *cellulæ*, are sufficiently indicated, by the irregularity, or the untimely suppression of the *menfes*.

The sudden tumefaction of the same *cellulæ*, caused by the inspissation of the uterine milk, which happens in consequence of external cold, sudden fear, or some unforeseen affliction, to which the patients have been exposed in the time of their *menfes*.

2°. The lymphous *serum* cannot flow into the *uterus*, by way of filtration, but through the *vesiculæ*, or uterine or lactiferous *cellulæ*: and that may happen in three cases, which are almost always conjoined.

When the orifices of the vessels, or *cellulæ*, are very open; and much relaxed: as in the *fluor albus*, when it continues a long time.

When the milky humour, that is separated, is very serous: which happens in persons of a phlegmatic habit.

When these two causes coincide at the same time: which happens almost always in the serous, and inveterate *fluor albus*.

II. As to the other fact, which concerns the state of the orifice of the *uterus*, it is certain, that this orifice cannot be closed, but by one of the three following causes.

By obstruction; when some mucilaginous matter, that flows from the *uterus*, is detained; and thickens so, as to remain fixed there.

By compression; when the orifice of the *uterus* is prest by any schirrous tubercle; or any callosity, which is formed there in consequence of a hard labour.

Lastly, by constriction; when this orifice is strongly closed, by some convulsive contraction; as it often happens in the hysteric passion.

What

What has been advanced here, on the causes of the dropfy of the *uterus*, is conformable to the observations made on the bodies of women dead of this disorder: and it may be taken as certain, that if this dropfy does not happen always in the cases that have been laid down, at least, it never does happen but in these cases.

It is easy to conclude, from this theory,

1°. That the ascitic dropfy must often happen in women, who have the *uterus* schirrous, callous, full of obstructions, and in whom the *menfes* are irregular, or supprest for a long time.

2°. That it must often happen, also, in women, who have the *fluor albus* lymphous or milky, in great abundance, and for a very long time.

3°. That the same frequently happens to women, with whom the *menfes*, or the *lockia*, have been supprest of a sudden, by cold, a fright, or some unforeseen affliction; at least, if they have not the good fortune to recover them again soon.

4°. That it is requisite, nevertheless, even in these three cases, in order to produce a dropfy, that the orifice of the *uterus* be closed at the same time, by some one of the three causes, that have been laid down: which frequently happens, but not always.

5°. That when the water, which is collected in the *uterus*, comes from the lymph contained in the blood, or lymphatic vessels, pressed through their coats, it is clear, and limpid; and more or less yellow, and acrid, according as the blood, which affords it, is more or less bilious, or more or less acrid.

6°. But that, if these waters come from the lactiferous vessels of the *uterus*, by way of filtration, they will be white, milky, resembling unclarified whey; as Zacutus¹ says, he observed; which will be more or less apparent, according as the uterine milk shall be more or less ferous.

¹ Prax. admir. Lib. ii. Observ. 152.

7°. That, in this last case, these waters, in consequence of being exposed to the heat of the *uterus*, will contract some putrefaction, and become turbid, muddy, and fetid; particularly if some vessels, too much opened, suffer any drops of blood to escape: which happens sometimes, according to the account related by Schenckius¹.

8°. That the *menfes* must be suppressed in the ascitic dropfy, as well as in that which proceeds from a *schirrus*, *steatoma*, or *sarcoma*; moles, or old obstructions of the *uterus*; of which the suppression of the *menfes* is a consequential symptom; as in that, which has for its cause the laxation of the lactiferous *cellulæ*; which, from their not swelling, do not cause the veinous appendices to tumefy, nor produce menstruation.

There is a physician², nevertheless, who relates, in his observations, as a singular case, that a woman, who had a dropfy of the *uterus*, continued to have the *menfes* regularly. But this author gives the reason for his account; by adding, that, in this woman, the *menfes* did not come from the *uterus*, but the bottom of the *vagina*.

9°. That an explanation may be easily given of the account of Fernelius³, who affirms, that a woman afflicted with a dropfy of the *uterus*, voided the waters every month, at the approach of the *menfes*; and to such a quantity, as to fill seven or eight basons: after which, the *menfes* came as usual; and, when they ceased, the dropfy returned to be discharged again, in the same course, at the approach of the *menfes*. For it is apparent, that, in this woman, who continued to have the *menfes*, because the whole of the *uterus* was not affected, the approach of the *menfes* irritated the *uterus* to contractions, which forced the obstruction at the orifice; as it may thence be supposed not to be great: but the *menfes* ceasing, the orifice

¹ Observation. Medicinal. *histor. mirabil.* Lib. iv. cap. Lib. iv. Observ. 220.

² Marcellus Monatus, *Medic.*

25.

³ Patholog. Lib. vi. cap. 15.

closed itself anew: and the dropſy returned again; and laſted till the approach of the next *menſes*.

10°. Laſtly, that in pregnancy, where the circulation of the blood is conſtrained in the veſſels of the interior part of the *uterus*, by the largeneſs, and the weight of the child, there muſt be often ſome eſcape made of *ſerum*, or of lymph, in the interſpace of the *uterus*, and the coverings of the *fœtus*: and this is confirmed by experience. Theſe waters force their way the firſt in delivery, as ſoon as the *uterus* opens; and they are known, by our midwives, under the name of *eaux ſauvage*. Sometimes they are ſo abundant in women of a bad habit, that they cauſe a true dropſy: which appears alarming: but they are favourably diſcharged at the time of delivery, and ſerve only to facilitate it; provided the woman in labour is not too much weakned.

§. III. *Causes of the hydatic dropſy.*

In this kind of dropſy, the cavity of the *uterus* is full of a great number of veſicules, or hydatids, formed by a thin fine coat, filled with a lymphous *ſerum*; ſometimes united together, in the figure of a great bunch, and adhering to the internal ſurface of the *uterus*, by one common pedicle; ſometimes diſtributed into ſeparate diviſions, fixt each to the inſide of the *uterus*, by diſtinct pedicles; and ſometimes rolling in the *uterus* by pairs, or ſeveral joined together, without being fixt to any part. They are of various magnitude, from that of a grain of millet, to that of a pigeon's, or even a hen's, egg; containing, generally, a limpid and transparent *ſerum*, which ſometimes concretes with the heat of the fire, and ſometimes diſſipates without concreting. They are, moreover, ſometimes full of a fluid, that is turbid, muddy, and purulent: and, in this caſe, they are, for the moſt part, lacerated, or ready to be ſo.

There is a certain account of this kind of dropſy in *Ætius*¹, to whom it appeared, that no attention had,

¹ *Medicinæ contractæ, Tetrabibl. iv. Sermon. iv. cap. 79.*

for a long time, been given to it: but, at length, the opening of dead bodies has given a true light to physicians on this article; and, they are agreed, that this kind must be ranked among the dropfies of the *abdomen*.

All the difficulty that remains, is to explain the production of this collection of hydatids, on which I have observed¹, in the *Treatise on ulcers and tumours*, that there was reason for great perplexity, concerning it, so long as they were ignorant of the existence of lymph, the structure and distributions of its vessels, and the course of its circulation: which I have supported by the instance of *Ætius* himself, and *Fernelius*. But the new discoveries that have been made, in anatomy, on this head, have greatly conduced to our information.

I have proved in the treatise above quoted, and to which it is proper to refer those, who may desire further particulars, that these hydatids were formed by the dilatation of spaces or intervals, which are found in the lymphatic vessels, between the sygmoid or demilunar valves, that go cross them. As these spaces or intervals are in great number, in the length of each lymphatic vessel, as well as the vessels themselves, in the internal coat of the *uterus*, it is not a matter of wonder, that there should be formed upon this coat, a considerable quantity of hydatids, so as to fill, and even to distend the cavity of the *uterus*.

These hydatids adhere all together, in the manner of a bunch, and are connected with the *uterus* by a common pedicle, when they begin to be formed in the same place: and they form in distinct sets, which adhere each to the *uterus*, by their own pedicle, when the formation of them is begun in different places.

These pedicles, which connect these sets of hydatids to the *uterus*, are the remains of the internal coat; which has been torn in their formation; and the particular pedicles, that unite these *vesiculæ* with each other,

¹ Livr. iii. chap. 2. pag. 459.

are the remains of the lymphatic vessels themselves. If it happen, sometimes, that there are, in the *uterus*, any *vesiculæ*, that are rolling and loose, it does not result from their growing so, but from the pedicles being torn off, that connected them either to other hydatids, or to the *uterus*.

The size of these hydatids varies according to the growth they have attained. Their cavity is full of a clear and limpid fluid, or, in other words, of clear lymph; which, when it is of a thick consistence, concretes by the heat of the fire, and, on the contrary, dissipates by it, when it is serous.

Lastly, the heat of the *uterus* alters, and sometimes corrupts this fluid; particularly when charged with heterogeneous parts; and then it becomes turbid, muddy, purulent, and fetid; and brings on a putrefaction in the *vesiculæ*, that contain it.

After these explanations; there is nothing wanting further, except to assign the causes, which may produce, in the lymphatic vessels of the *uterus*, a stagnation of lymph, capable, by dilating the intervals of the knots of these vessels, of giving rise to the formation of the hydatids.

But it is evident, that these causes are absolutely the same, as those to which is before attributed, in the foregoing article, the stagnation of blood, which produces the ascitic dropsey of the *uterus*: with this difference, nevertheless, that these causes must act with greater force, to stop the blood, of which the circulation is more vigorous, and the elasticity of the vessels greater, than the lymph, of which the course is very slow, and the vessels yield easily to compression.

What has been said above, in the preceding article, may be therefore applied here: and among the causes, which give rise to the stagnation of the lymph, and to the formation of the hydatids in the *uterus*, may be reckoned,

1°. *Schirrusses*, ulcers, *steatomas*, *sarcomas*, and moles of the *uterus*: and from thence it proceeds, that these

disorders are frequently attended with hydatids; though, to say the truth, these tumours generally cause too strong a compression, which bears upon the blood-vessels, and produces the ascitic dropfy, rather than the hydactic.

2°. The sudden repletion of the lactiferous *cellulæ*, which happens in consequence of the accidents mentioned in the same place; and which, when it is moderate, causes, in the *cellulæ*, only a slight tumefaction, that may be sufficient to stop the course of the lymph, and cause an hydatic dropfy; but is not capable of stopping the course of the blood; nor, consequently, of giving rise to the formation of an ascitic dropfy.

Moreover, in the hydatic dropfy, the orifice of the *uterus* is almost always closed, in the same manner as in the preceding; and by the same causes. But it must, nevertheless, sometimes remain open: if the fact be admitted to be true, that there have been instances of women, afflicted with this disorder, from whom hydatids, which did not adhere to the *uterus*, have come away by the *vagina*.

§. IV. SYMPTOMS.

1°. In both these cases of dropfy, the *uterus* swells, and becomes heavier from day to day, in proportion as the disease augments: and in both, the body of the *uterus* remains equally spherical; and yields easily to compressure.

2°. When the body of the *uterus* is very great, and heavy, the patients find a trouble in walking; and cannot lye on either side; because of the dragging down, which the *uterus* suffers in this situation.

3°. There is, in both these kinds of dropfies, a suppression of the *menfes*: which may proceed, either from the causes that produce them; and, from their own nature, suppress the *menfes*; or from the distension of the *uterus*, that prevents the elongation of the veinous *appendices*, through which the menstruation must be made: or, in short, from the permanent repletion

pletion of the lactiferous *cellulae*; which does not permit them to compress, periodically, the venous vessels; without which, menstruation cannot be effected.

4°. Barrenness is a necessary consequence of this state of the *uterus*: as well because, that its orifice being closed, the *semen* cannot find a passage into its cavity; as because, that it cannot penetrate into the too close texture of the *uterus*, even though it should be introduced into the cavity.

5°. The body of the *uterus*, when enlarged to a certain degree, compresses the internal veins, that return from the *vulva*, and the iliac veins, that carry back the blood from the interior extremities; which occasions the blood, detained in these parts, to deposit there the *serum*; and produces the swelling, and the *œdema* of those parts.

6°. In the ascitic dropfy, when the *uterus* is struck on either side, the stroke is perceived on the opposite side, if the hand be held there. This is called, improperly, *fluctuation*; but which it would be better to call *counter-stroke*, in Greek, *ἀντιστομία*. This counter-stroke comes from the continuance of the column of water, which extends from one side of the *uterus* to the other, in this kind of dropfy. It cannot, however, be perceived in the hydatid dropfy: because the column of water is intercepted by the separation of the *vesiculae*, or hydatids, which breaks, and even extinguishes the force of the stroke, and hinders it from being transmitted to the opposite side.

§. V. DIAGNOSTIC.

It is easy to distinguish, the two kinds of dropsies of the *uterus* from all the other tumefactions, to which this part is subject.

1°. From inflammation; where there is always pain, heat, and fever; which never attend dropsies.

2°. From *schirrusses*; where the *uterus* is found unequal, hard, and resisting; whereas, in the dropsies,

fies; it is round, equal, and uniform; and yields easily to compressure.

3°. From *steatomas*, and *sarcomas*: because that, in those tumours, the *uterus* resists much more to the compression than in the dropsies: and that, moreover, in those tumours, there is no counter-stroke; which is essential to the ascitic dropfy, the most common of the two kinds.

4°. From the *tympanitis* of the *uterus*: because that, on one hand, in the *tympanitis*, the counter-stroke is not felt in striking the *uterus*, as in the ascitic dropfy; and that, on the other, the *uterus* is not heard to sound in the two dropsies, as in the *tympanitis*.

5°. From the dropsies of the *abdomen*; on account, that in the dropfy of the *uterus*, the tumour is circumscribed in the *hypogastrium*: whereas, in that of the *abdomen*, it takes up the whole extent of the belly.

6°. Lastly, the ascitic dropfy of the *uterus* is distinguished from the hydatic, by the counter-stroke, that is felt in the ascitic; and not in the other; as has been already said.

7°. With regard to the diagnostic criterions, which serve to distinguish the dropsies of the *uterus* from pregnancy and moles, it seems most proper to refer them to the chapters where moles and pregnancy will be treated of.

§. VI. PROGNOSTIC.

I. It is very difficult to cure the dropfy of the *uterus*; because the waters are contained there in thick and close membranes; which impede its being reabsorbed. It is known, that among the dropsies of the *abdomen*, that which is called the *hydrops sacculus*, where the waters are contained in the foldings of the *peritonæum*, is the most difficult to be cured: and it may, from that instance, be judged, what ought to be concluded on the dropfy of the *uterus*.

II. The dropfy of the *uterus* is always dangerous, with relation to the causes on which it depends: for

it always supposes some latent depravity of the *uterus*, which is very difficult to be removed, or corrected: and which, as long as it subsists, occasions the hazard of a quick relapse of the disorder, when it is believed to be cured.

III. The dropfy of the *uterus* is always dangerous, with relation to its consequences: because it is constantly producing a greater change in the *uterus*; brings on the *œdema* of the lower extremities: and, at last, throws the patient into a slow fever, and *marasmus*.

IV. It may, therefore, be concluded, that the dropfy of the *uterus* is a difficult, dangerous, and, very often, mortal disease: and experience only too much confirms the rightness of this prognostic.

V. Moreover, the hydatic dropfy is more dangerous than the ascitic: because that, on one hand, the water inclosed in the hydatids is more difficult to be reabsorbed, than when it floats in the *uterus*; and, on the other, there is not the same resource for the cure of this disorder, as for the ascitic: which will be presently shewn, in speaking of the method of cure.

§. VII. *Method of cure.*

In the treatment of the dropfy of the *uterus*, two objects must be proposed: the one to evacuate the waters that form it, by the most safe way: the other, to strengthen, afterwards, the elasticity of the *uterus*; and correct the depravities that have given cause to the escape of the *serum*; in order to prevent, by this means, the return of the disorder.

To effect the first of these intentions of cure, different methods are employed to evacuate the waters.

I. By the way of urine. II. By the way of stool. III. Lastly, even by the orifice of the *uterus* itself.

I. In order to evacuate the water by urine, the same diuretics are employed, as are made use of in the dropfy of the *abdomen*: such as the following.

1°. Broths, or apozems, made with the several diuretic plants; as,

ROOTS.

Eryngo,	}	One ounce.
Asparagus,		
Butchers broom,		
Rest harrow,		
Birth wort,		
Madder,		
Smallage,		
Parsley,		
Swallow wort,	}	

Ellicampane,	}	Half an ounce.
Affarabacca,		
Dwarf elder,		
Iris,		

LEAVES.

Calamint,	}	A handful; or a handful and half.
Smallage,		
Horehound,		
Hyfop,		
Angelica,		
Water cresses,		
Chervil,		
Fennel,	}	

FRUITS.

Winter cherry, or <i>Al-</i>	}	A dram; or a dram and half, in decoction.
<i>kekengi,</i>		

BERRIES.

Buckthorn,	{	From six, to ten or twelve berries, in de- coction.
Juniper,	{	Half a handful, in decoction.

BARKS.

Caper tree,	}	Half an ounce.
Ash,		
Elder,		
Tamarisk,		

FLOWERS.

FLOWERS.

Broom,
Elder,
Dwarf elder,

Several times as
much as can be held
betwixt the finger and
thumb.

With four or five of these simples, chosen at discretion, broths, or apozems, are made: which are passed over twenty or twenty-five *millepedes*, pounded; and to which are added, the aperitive salts; as the martial soluble tartar, salt of tartar, *sal de duobus*, Rivieres's salt of steel, *terra foliata Tartari*, &c. in a proper proportion: and they are given several days successively, one dose every day; sometimes two.

2°. Depurated juices, as that of chervil, in the quantity of four ounces: to which is added a dram of the *sal du duobus*, or half a dram of the *terra foliata Tartari*.

Or the juice of the root of the corn flag, in the quantity of two ounces, sweetned with an ounce and half of manna, dissolved in it.

3°. Of *lixivia*, that are made with the ashes of the cods of marsh trefoil, the branches of broom, juniper wood, vine twigs.

Two or three drams of these ashes, sifted, are diluted with a quart of water, or of decoction of *millepedes*: and, after having stirred the mixture, the ashes are suffered to settle; and the fluid, which rises above them, is poured off, by inclination of the vessel; of which three or four doses, of three or four ounces each, are given every day, being mixt with as much white wine.

4°. Bolusses made with

Æthiops mineral, or the martial flowers, in the dose of twelve or fifteen grains.

The powder of *millepedes*, in the dose of fifteen or twenty grains.

Salt of tartar, in the dose of eight grains.

Gum Ammoniac, in the dose of six or seven grains. The whole incorporated with the syrup of the five roots.

In the same manner is given, in the form of a powder, toads dried in an oven, in the dose of fourteen or fifteen grains, mixt with a sufficient quantity of the *confectio-hyacinthi*.

Much boast is also made of borax, in powder, in the dose of half a dram, mixt with twelve grains of Oriental saffron; and incorporated with a little of the juice of favin: but I have never tried this medicine.

II. When this first way does not succeed, endeavour is made to evacuate the water by stool; and, to that end, are employed, the purgative hydragogues, that are used in the dropsy of the *abdomen*: among which, the following are the most safe, and approved:

1°. Jalap, in powder, in the dose of, from thirty to fifty grains.

The resin of Jalap, from ten grains to eighteen.

Diagridium, from ten to fifteen or twenty grains; of which bolusses are made with any proper syrup.

The doses of these medicines are regulated by the strength of the patients; the effect they have already produced; and the number of them, that are employed at the same time.

2°. The following pills, proposed by Hoffman; of which the effect is very certain.

R. *Rad. Vincetox. pulverata*, gr. viij.

Scillæ exsiccatae & pulveratae, gr. v.

Nitri purificati, vel Cryst. miner. pulver. gr. x.

M. cum. f. q. Syrupi de Rhamno cathartico. f.

Bolus pro unâ dosi.

3°. The hydragogue pills of Bontius, according to the Parisian *Codex*, in the dose of, from twelve grains to fifteen and eighteen: of which the use must be repeated according to their operation.

4. The wine of squills, prepared according to the *Codex*; and given in the dose of, from half an ounce to

to an ounce: repeating it according to the exigence of the disorder.

5°. The syrup of buckthorn, in the dose of, from half an ounce to an ounce, and an ounce and half; but generally mixt with some other purgative.

6°. Lastly, gamboge, from ten grains to fifteen, or sixteen; pounded in a marble mortar, with twenty-four grains of chrystal mineral; and diluted in very hot broth.

Several of these medicines make the stomach rise; and sometimes excite vomitings: but these effects are easily quieted, by letting the patient drink some dishes of veal broth, a little fatish.

III. When these resources fail, as often happens, there is a necessity to come to the third method; which, perhaps, it would have been best to have pursued at first; that is, to soften and relax the orifice of the *uterus*: and, by that means, to dispose it to open of itself for the discharge of the water: or, at all events, to introduce there a hollow catheter, by which they may have a certain passage.

To this end are used,

1°. Injections into the *vagina*, with the emollient decoction of mallows, yellow mallows, *acanthus*, &c: to which is even added, the mucilage of linseed, and of fleawort: cautioning the patients to place themselves in the most proper posture, in order to retain the injection longer.

2°. Fumigations in the perforated chair; by which is received, with the assistance of a funnel, the vapour of the same decoction: taking care to avoid too great heat.

3°. The introduction of small fine sponges, or of thick, but soft pledgets, tied to a thread, and dipt in mucilage of linseed, and fleawort, that are conveyed to the orifice of the *uterus*; and renewed twice every day.

4°. When there is reason to believe, that the orifice of the *uterus* is sufficiently softened, some strong concussions are given to the *uterus*, to make the weight of the water force the passage. In this view,
the

the patient takes a vomit; or is made to sneeze: and she should leap, at least from one of the steps of a stair-case to another, with her feet kept together. She should, also, be excited, by irritating glysters, to make a straining to go to stool: and acrid pessaries should be introduced into the *vagina*, to cause contractions in the *uterus*. After all, a midwife should be ordered to introduce her finger into the *vagina*, and by pushing, or rubbing, the orifice of the *uterus*, to endeavour to open it; which sometimes succeeds.

5°. When all these trials have been ineffectually made, there should be no hesitation, to introduce into the orifice, a straight hollow catheter, terminated by an olive-shaped button, closed at the end, and open at the sides. It is found practicable to introduce into the *urethra* of men, which is winding, much more long, and sometimes also turning the contrary way, a hollow catheter: which is, moreover, only to be done, by thrusting it in an oblique direction. How much easier must it be, therefore, to introduce a similar catheter into the orifice of the *uterus*, where there is the advantage of passing it in a direction intirely streight.

6°. By this means the whole of the water may be evacuated. If it appear to be clear, the catheter may be drawn out again: but if it be turbid, or fetid, injections into the *uterus*, with the decoction of the root of birthwort, should be made by means of the catheter, till it be judged that the interior surface of the *uterus* be sufficiently deterged.

7°. Of what quality soever the water may be, injections, with the mineral waters, may be made for some days, to strengthen the elasticity of the *uterus*; and to keep the orifice open. The waters of Barege would be the best; but in default of them, those of Bourbon, Bourbonne, Balaruc, or Plombieres, may be used.

8°. Lastly, endeavours must be made, at the same time, to remove the causes, that have given rise to the dropfy; or, in other words, to overcome the obstructions by the aperitive remedies, that have been proposed

proposed in the first article of these considerations on the method of cure: to correct, as much as possible, the other vitiations by proper medicines; and particularly, to bring back the *menfes* in the women, who are yet of an age to have them, by emmenagogues: on which *Chapter IV.* of *Book I.* may be consulted.

IV. With regard to the hydatic dropfy, the introduction of the catheter, to evacuate the waters, would be of no effect: because they are contained in particular bladders. If the success should even be had of bursting some of these hydatids, the relief obtained from it would be very moderate: considering the number of those which would remain. Therefore, being ignorant of any means of destroying the hydatids, I am of opinion, this dropfy should be regarded as truly incurable. Happily, it is a very rare case: and experience has shewn, that it may be suffered a long time, without inconvenience.

C H A P. IX.

Of the tympanites of the uterus.

§. I. DESCRIPTION.

IT sometimes happens, that the *uterus* swells, rises, and appears of a plump roundness, as in a dropfy, without the patients complaining of any weight, or pain. In this state, the counter-stroke, or *antitypia*; or, as it is commonly called, the fluctuation, that is felt in the ascitic dropfy, is not to be perceived in the tumefied *uterus*: but, on striking, it is heard to re-sound as a drum, *tympanum*: which has occasioned the giving to this tumefaction the name of *tympanitis*.

In this state the *menfes* fail; and this suppression, joined to the swelling of the *uterus*, has often persuaded patients, that they were pregnant: even so as
to

to induce them to call in their midwife to deliver them. But this delivery has had no other consequence, than to cause some great bursts of wind through the *vagina*; sometimes dry; and at others, followed by the discharge of a fluid, in some cases serous, and clear; and in others, turbid, muddy, and fetid.

This is the true *tympanitis*: or the *permanent tympanitis*: which, as appears, is a collection of wind, detained in the cavity of the *uterus*, sometimes without the accompaniment of any fluid; and sometimes attended with a fluid, that is discharged when the wind escapes. This disorder happens but seldom: and the accounts, that are found of it, are not in great number.

There is a disorder of a similar nature, and more common, which happens to some women, who enjoy otherwise a good state of health; but who void, from time to time, wind by the *vagina*, when they bend their body forwards; make any over great contortion; or put themselves into any bending posture, where their belly is compressed. But the wind, they void in this case, is less in quantity, and comes out with less impetuosity; and, generally, without being accompanied with any other discharge. This last disorder bears the name of the *momentary tympanitis*.

As these two kinds of *tympanites* differ from each other, it is proper to treat of them separately: and we shall speak likewise, in a distinct article, of the tumefaction which commonly results from deliveries badly managed.

ARTICLE I.

Of the true or permanent tympanitis.

§. I. CAUSES.

IT would be too prolix here, to enumerate what the antient physicians have invented, in order to explain the production of the wind, which fills the

uterus.

uterus in the *tympanitis*; and this detail would, moreover, be very useless. For all, they have said upon it, is absolutely devoid of the least foundation. It suffices to remark, that the permanent *tympanitis* of the *uterus* does not commonly happen, but in the concurrence of the two following circumstances.

1°. When, after delivery, the *parietes* of the *uterus*, instead of reinstating themselves; and, in so doing, destroying the existence of the cavity; remain stiff, and distended; and inclose, therefore, a great void in the *uterus*; which is, of course, filled up by the external air.

2°. When, in this case, the orifice of the *uterus* closes, and shuts itself up exactly, so as not to permit the exit of the air, that is inclosed in its cavity, and which, for want of any passage out, is obliged to remain there.

At first, as no disorder is perceived, no care is taken of this circumstance. It is looked upon as a consequence of pregnancy, which has left the *uterus* a little tumefied; and it is taken for granted, that it will be dispersed on the first appearance of the *menfes*, which is patiently waited for.

But when it is perceived, that some months are past without the *menfes* returning; and that it is begun to be examined more attentively, the hypogastric region is found to be round, rising, and distended; which, joined to the suppression of the *menfes*, persuades the patients, that they have conceived; especially when they are possessed with a strong desire to have children.

On this footing, to account for this disease, there is nothing more wanting, than to fix on the causes of the two circumstances, which, as has been said before, must concur, in order to its production.

With relation to this, I. It is certain, that the *parietes* of the *uterus* cannot, after delivery, remain stiff, and distended, so as to leave a void space betwixt them, except by one of these two causes. The *first* is, because the *parietes* are in a state of *phlogosis*; which, on account of the tumefaction of the vessels,
does

does not permit them to sink into their places ; and approach each other as usual. The *second* is, because the *parietes* are in a state of *erethismus*, or of imperfect convulsion ; which produces nearly the same effect. These two circumstances of the *parietes* of the *uterus*, are the usual consequences of difficult and hard labours ; where the *uterus* has suffered greatly ; and has been kept a long time in a state of violent contraction ; from whence it results, that they concur almost always together.

II. It is, in like manner, certain, that the orifice of the *uterus* does not close, at the cessation of the *lochia*, in the two states of the contiguous parts before stated ; because the *phlogosis*, or the *erethismus*, communicate themselves thither : which must happen often under these circumstances.

III. Lastly, it is certain, from constant observation, that the true *tympanitis* has sometimes come on in women, who, having their *menfes* in a copious manner, are exposed to exterior cold, which suddenly seizes them. It is easy to perceive, that, in this case, the *parietes* of the *uterus* being distended, and the *uterus* itself dilated, the air may insinuate itself there, and fill the cavity : and that, afterwards, the orifice closing itself suddenly, by the effect of cold, the air may remain there inclosed, unless the orifice should open, which does not always happen.

It follows from thence, 1°. That the true *tympanitis* of the *uterus* does not happen commonly, but in consequence of a labour, or a miscarriage : and experience confirms the same.

2°. That it cannot even happen, in this case, but after a difficult, hard, and painful labour, where the *uterus* has suffered much, and has been very greatly irritated : and this, also, is confirmed by experience.

3°. That it must, nevertheless, sometimes happen, as accounts verify, when a woman is exposed to sudden cold, or dips her feet in cold water, in the time of her *menfes*, especially if they be copious ; but in

this case, which is rare, the *tympanitis*, that is brought on, is scarcely ever considerable.

§. II. SYMPTOMS.

1°. The true *tympanitis* constrains the motion of the body in the same manner as the dropfy; and hinders it from easily bending forwards: but as there is nothing in the *uterus* but air, it causes neither pain, heat, nor sense of weight.

2°. The patients may, consequently, lye free from any uneasiness on either side, without the weight of the belly causing any sensible dragging.

3°. As the air, which is in the *uterus*, presses the internal surface of it, the lactiferous *cellulæ*, and the veinous *appendices*, cannot tumefy, and dilate themselves, as is requisite for menstruation; according to what has been established above, *Book I. Chapter II.*; and, consequently, the *menfes* must be suppressed.

4°. Sometimes, in this state, there does not distil into the *uterus*, either any *serum* from the vessels; because the circulation of the blood, and lymph, is not obstructed in its proper course; nor any humour of the lactiferous *cellulæ*, because they are stopt up: and, in this case, the *tympanitis* must be dry; that is to say, formed by air alone, without any mixture of fluid. Such are the *tympanites* observed by different writers¹, which are cited at the bottom of the page.

5°. At other times, the blood, and lymphatic vessels of the *uterus*, too full of blood and lymph, which stagnate there, suffer the *serum* to exude: or some lactiferous *cellulæ*, badly stopt, are in such state, as to

¹ Valescus de Taranta, *Philonii*, Lib. vi. cap. 15.

Matthæus de Gradibus, *Comm. in Nonum Rhasis*, Cap. De *Molâ*.

Thadæus Dunus, *Lib. Miscelaneorum*, cap. 8.

Rembertus Dodonæus, *Observat. Medicinal.* 49.

Mauritius Cordæus, *Comm.* 3.

in Lib. i. *De Muliebribus Hippocratis*.

Philippus Hœchtetterus, *Decad. v. Observat.* 4.

Ambroise Paré, *Liv. xxv. chap.* 34.

Philippus Salmuthus, *Cent. ii. Obs.* 57.

Reinerus Solenander, in *Consil. Medicinal.*

suffer the milk to run out; and, in this case, the *tympanitis* will be *humid*; that is to say, formed not only by air, but also by lymphous or milky humours, sometimes clear, and sometimes turbid; which are discharged after the air. Such are the *tympanites* observed by the authors¹ cited at the bottom of the page.

6°. The patients cannot conceive while the *tympanitis* continues: because the orifice of the *uterus* is entirely stopt up. It is not, moreover, uncommon, that they remain, for some time, incapable of it, after the *tympanitis* is cured: because there must be time for the interior part of the *uterus* to grow soft again, when it has been desiccated by the dry *tympanitis*; or dry, when it has been rendered too soft by the humid.

7°. In both kinds of *tympanites*, the patients are, for the most part, subject to the accidents of the *chlorosis*, or rather, perhaps, of pregnancy; on account of the suppression of the *menfes*: which does not a little contribute to their suspicions of being pregnant.

8°. In the true *tympanitis*, the *uterus* is exactly round: which is the figure it must necessarily take, by being equally distended by the air inclosed; and it resounds like a drum, when it is struck. Lastly, it enlarges or diminishes its volume, accordingly as the patients are hot, by being near the fire, or in bed; or as they are exposed to cold; which proceeds, as may be concluded, from the rarefaction of the air contained in the *uterus*, that the heat causes; or the condensation, that the cold produces.

There is only one objection, that can be opposed to the theory of the true *tympanitis* as above explained: which is, that there are instances of it, where the *uterus* acquires a great magnitude; which cannot arise from the moderate quantity of air, that may be introduced after delivery.

¹ Alexander Benedictus, *De Medend.* Lib. iii. sect. 10. cap. 32. *curandis morbis*, Lib. xxv.

Laurentius Joubertus, Cap.

Christophorus à Vega, *Art.* 13. *De urinis*.

But, 1°. The fact advanced is not well averred. I have seen only one instance of the true *tympanitis*; and there the *uterus* was not larger than in a woman who has conceived three or four months. It is true, the magnitude varies a little; but that proceeds only from the rarefaction, or condensation, of the air confined in the *uterus*, accordingly as the patient is exposed to heat, or cold.

2°. If it be true, that there are *tympanites*, where the *uterus* may have a considerable bigness, that can respect only the humid kind; that is to say, such as is complicated with the ascitic dropfy; and then the bigness of the *uterus* arises from the quantity of water, that it contains; and not from the quantity of air: which can suffer no augmentation in the cavity.

§. III. DIAGNOSTIC.

I. The true, or permanent *tympanitis* of the *uterus*, agrees, as to its magnitude, with all the other tumefactions of the *uterus*: with the *schirrus*, the *steatoma*, the *sarcoma*, the dropfy, pregnancy, and moles: but it differs from them, by other particulars, which are easily distinguished.

Thus, 1°. It differs from the *schirrus*; because, in the *schirrus*, the tumour of the *uterus* is unequal, angular, hard, and resisting; whereas, in the *tympanites*, the tumour is round, soft, uniform, and yielding easily to compreffure.

2°. It differs from the *steatoma*, or the *sarcoma*, on account, that in these tumours the *uterus*, though less hard than in the *schirrus*, is much more so than in the *tympanites*; and that the patient is sensible of a weight in the hypogastric region, which is not felt in the *tympanites*.

3°. It differs from the ascitic dropfy, in that, on the one hand, in the dropfy, by striking on the belly, the fluctuation, or, to speak more properly, the counter-stroke of the waters, is felt; whereas, it is never felt in the *tympanites*: and, on the other, in the *tympanites*, the belly resounds, when it is struck; which is

never observed in the dropfy. By this laſt criterion, the *tympanites* may be eaſily diſtinguiſhed from the *ſchirrus*, the *ſteatoma*, and the *ſarcoma*.

4°. As to the diagnoſtic ſymptoms, which ſerve to diſtinguiſh the *tympanites* from pregnancy, and moles, it is moſt proper to refer them to the *chapters*, where pregnancy, and moles, are treated of : becauſe what will be ſaid there, will render them more intelligible.

II. It were to be wiſhed, in order to render the diagnoſtic perfect, there were means of diſtinguiſhing from each other, the two kinds of true *tympanites* : that is to ſay, the dry *tympanitis*, and the humid. But this diagnoſtic is not poſſible : and, indeed, it is ſcarce-ly neceſſary, either for the prognoftic, or for the cure of the diſorder.

§. IV. PROGNOSTIC.

1°. As the *tympanitis* ſuppoſes always a conſtant obſtruction in the orifice of the *uterus*, which prevents the egreſs of the air, it is apparent, that the ſame obſtruction muſt prevent the ingreſs of the *ſemen* ; from whence it reſults, that the *tympanitis* is a certain cauſe of barrenneſs.

2°. In the dry *tympanitis*, the air, which fills the *uterus*, dries and hardens it ; and, at length, renders the internal ſurface callous : and, in the humid *tympanitis*, the *ſerum*, which ſtagnates there, acts on the internal ſurface, and brings a ſlight putrefaction on it, when continued for a long time.

Therefore, the *tympanitis* of long ſtanding, may have, at laſt, bad effects on the *uterus* : or, at leaſt, impair its fecundity, in caſe even the diſorder itſelf ſhould be cured.

3°. It is certain, nevertheless, from obſervation, that women may have theſe diſeaſes a very long time, without being materially incommoded ; or, at moſt, not ſo much ſo, as by the dropfy : which holds good, particularly of the dry *tympanitis*.

4°. Nevertheless, it is best to obtain a cure as soon as it is practicable. This should not be fruitlessly attempted, by the way of resolution: because it is impossible, that the air, which is in the *uterus*, can ever be re-absorbed by its vessels. The only means to cure this disorder is, therefore, to procure the exit of this air through the orifice of the *uterus*.

5°. Sometimes this favourable event is owing to chance only, by some compression, contorsion, or motion of the body, which forces the obstruction in the orifice of the *uterus*. Often the fingers of midwives, who have been called under the notion of a labour, have contributed to it: as appears¹ from some accounts. But too much stress must not be laid on such lucky accidents; and, as soon as the disorder is distinguished, it is proper to take measures to cure it effectually.

§. V. *Method of cure.*

As it is certain, that air inclosed in the cavity of the *uterus*, cannot be re-absorbed, and dispersed by the way of resolution, it is of no avail to employ aperitives, diuretics, and carminatives, which all the ancients recommend: but endeavours must be made, to procure an exit for the air, through the orifice of the *uterus*: and in order to that, to effect the three following intentions of cure: after which it must be attempted, to correct the faults of the *uterus*, that have produced the disorder.

I. The first intention is to relax, and soften the orifice of the *uterus*, in order to prepare it for dila-

¹ Valescus de Taranta, Philonii Lib. vi. cap. 15.

Matthæus de Gradibus, in *Comm. ad Caput de Molâ*, idem refert de uxore suâ.

To which may be added, the following verses on a similar case, related by Jason Pratensis, *Libell. de Parietibus & partu*, cap. 2.

*Venter cum tumuisset Acciellæ
Septem mensibus & novem diebus,
Cœpissetque lien parum dolere,
Acciri jubet illico obstetricem,
Quæri fasciolas & apparari,
Sperato puerum editura partu,
Mox inter medias manus ministræ,
Laxo poplite, cruribus levatis,
Lucinam ingeminans quater pepedit.*

tation. To this end are employed, as has been mentioned above, in the case of dropsies, 1°. Warm half-bathings, in the decoction of the roots, and leaves, of mallows, and *acanthus*: and the patient must be even exhorted, to push forwards into the *vagina*, the water of the half-bath, by the means of a fine small sponge, or a roll of half worn linnen.

2°. Warm injections, with the same decoction; to which may be added, some of the mucilage of linseed, or of *psyllium*. In making these injections, the patient must be put into that posture, which is most proper for retaining the injection a long time.

3°. Fumigations, in the perforated chair, by which means the warm vapour of the same decoction should be conveyed into the *vagina*, by the help of a funnel.

4°. Lastly, what is more efficacious still, and less incommodious, pessaries, formed of linnen much worn, rolled tightly into lengths, but soft and fringed at that end which must touch the orifice of the *uterus*, dipt in the same decoction; or, if it be more approved, of simple mucilages of linseed and *psyllium*. Use may be also made, instead of these pessaries, of large dossels of lint, tied with a thread, soaked in the same fluid, and conveyed to the bottom of the *vagina*, or the neck of the *uterus*.

II. The second intention is, to force the opening of the orifice of the *uterus*, when it is judged to be sufficiently softened; and, to effect that, it is necessary to transmit thither, some brisk concussions. 1°. By making the patient vomit, or sneeze; by procuring straining efforts to stool, by irritating glysters; by introducing into the *vagina* acrid pessaries, which excite the contractions of the *uterus*; by making the patient jump; and, lastly, by ordering the midwife to put her finger into the *vagina*, and to thrust, stir, and move, gently, the neck of the *uterus*, to procure the opening of it.

2°. If success do not follow the first attempt, the use of the emollients may be repeated, and recourse

after-

afterwards had a second, and even a third time, if it be chosen, to the means before proposed for forcing the obstruction, which keeps the orifice of the *uterus* closed. But these means, that often succeed in the dropfy of the *uterus*, have not the same success in the *tympanites*: because the air, in the concussions that are given to the patient, does not act, with the same force as water, in dilating the neck of the *uterus*.

III. When these resources fail, it must be resolved to effect the third intention; which consists in procuring a passage for the air, by the introduction of a hollow catheter into the orifice of the *uterus*: observing, in this operation, the cautions enumerated in the preceding article.

IV. After which, if nothing come out but air, injections of the roots of the yellow mallow should be made, by means of the catheter, to moisten the inside of the *uterus*; which the presence of the air has desiccated; and if, along with the air, there has come out water, that is red, thick, and muddy, injections are to be made with barley water, and honey of roses, to deterge the *uterus*; and even with the decoction of the roots of birthwort, if the waters voided were foetid.

By these means, the disease is cured: but, to prevent a return, it must be endeavoured to correct the bad state of the *uterus*, by the use of whey, clarified and filtred; bitter apozems, or broths; chalybeate waters; and warm baths, and half baths: and by continuing the use of the emollient pessaries, to promote the suppleness and flexibility of the orifice of the *uterus*; and to hinder it from closing again.

ARTICLE II.

Of the momentary tympanitis.

§. I. CAUSES.

THE momentary *tympanitis* is a disease common enough; but, of which, some women are prevented from complaining, by an over-great bashfulness. It happens when the two following causes concur,

1°. The tension or rigidity of the *parietes* of the *uterus*: which, keeping at a distance from each other, leave a void space between them. 2°. The tension or rigidity of the substance of the orifice of the *uterus*, which prevents it from closing itself intirely.

These causes are, as appears, the same; and they proceed, either from that the *uterus* is too hot, and dry; or, more commonly, from that the patients have not the *menfes*; or have them irregularly: which supports, in the vessels of the *uterus*, a constant *plethora*, that causes the tension, or rigidity of its *parietes*, and orifice.

In this state, the orifice of the *uterus* gaping, affords an easy passage to the exterior air into the cavity of the *uterus*; and this air remains there, without being subject to be expelled by the *parietes*, which are not in a state to come close, till some motion, or some contorsion of the body, by compressing the belly, makes it rush out of a sudden, or at several times; according as the compressure is continued, or interrupted. But as soon as these motions cease, there re-enters a fresh quantity of air into the *uterus*; which will not go out again, till the same motions be renewed. In these patients, therefore, the *uterus* resembles much to those machine puffs, that are used for powdering; and from whence the air is driven out, with the powder, by pressing them: but which fill with air again, as soon as the pressure is discontinued.

§. II. *Diagnostic, Prognostic, and Method of cure.*

Diagnostic. This disease does not resemble any other of the *uterus*; and it cannot be mistaken from the very account the patients give of themselves, if a little attention be had to the description that is above made of it.

Prognostic. I have seen several women who patiently bore this disease, without doing any thing on account of it: because they did not feel any inconvenience that balanced the trouble of using remedies. It appears to me, nevertheless, from my own observation, that this disorder hurts generation, whether it be, because the *uterus*, dried by the air, that fills it, weakens the power of the *semen*: or rather, because the *semen* flows back through the orifice of the *uterus*, which does not close as it should do for conception.

Method of cure. Whenever there is occasion to take this disorder in hand, one or other of the methods, that are going to be pointed out, should be pursued, according to the cause of the disorder.

I. If the disorder proceed from a failure of the *menfes*, in a woman, who is yet of an age to have them duly, they should be brought back, and the returns of them rendered regular, by the use of the aperitives and emmenagogues, that have been proposed in *Book I. Chap. IV.*

II. If the disorder take its rise, on the contrary, from the *uterus*'s being stretched, and heated; the humectant, and cooling remedies, that have already been several times proposed, should be employed internally and externally.

ARTICLE III.

Of the tumefaction of the uterus, arising solely from the thickning of its parietes.

THERE are women, who have the *uterus* tumefied solely from its coats growing thick, without having any tumour in its substance, or any foreign body in its cavity.

This accident is always the consequence of labours. It is known, that, during pregnancy, the membranes of the *uterus* grow considerably thick, by the enlargement of the vessels; but this is dissipated in delivery: because, the *lochia*, which attend or follow it, empty the vessels; and the membranes of the *uterus* contract themselves, by their elasticity, in proportion as the vessels unload themselves.

It is fit, nevertheless, not to leave this work to nature alone; and it must be assisted, by closing gently, and gradually, the *abdomen* of the women delivered; and this the midwives, and nurses, should never fail of doing.

It is easy to conclude from hence, that the membranes of the *uterus* run some hazard of remaining thick; and the *uterus* tumefied. 1°. When the *lochia* stop too soon; and are not regularly discharged, or only in small quantity, during the time of child-bed. 2°. When the young and unexperienced lying-in women, will not suffer the constraint of having the belly closed after delivery. 3°. When the women brought to-bed are of a delicate constitution; and the membranes of the *uterus* have not the proper elasticity to press out the blood; and close themselves again. 4°. Lastly, when the women brought to-bed, are old; and that, on account of their age, the membranes of the *uterus* have not any longer the flexibility necessary for contracting themselves.

In all these cases, it is to be feared, the *uterus* will remain swelled after the lying-in; and experience verifies what we have said of it.

It sometimes happens, that the copiousness of the *menfes*, which follow the deliveries; or subsequent deliveries, where the *lochia* are in abundance, and where the woman delivered, suffers herself to be properly managed; cure this tumefaction: but when there is not this good fortune, it is best always to resolve to submit to the largeness of the belly. Not but that aperitives, emmenagogues, domestic warm baths, baths of mineral, hot, or thermal waters, &c. are employed; and sometimes even with success: but these remedies have not always the desired effect.

C H A P. X.

Of the descensus of the uterus.

§. I. DESCRIPTION AND DIFFERENCES.

IN the natural situation, the *uterus* is placed in the middle of the *pelvis*, in the *hypogastrium*, with the bottom a little below the level of the bones of the *ilium*; and the neck at the height of the *os pubis*, or a little lower. In this state, the neck lies contiguous to the *rectum* backwards, and to the bladder forwards; and the rest of the body of the *uterus* adheres to the neighbouring parts, by loose ligations, formed simply of the cellular substance. Lastly, the *uterus* is continuous with the bottom of the *vagina*; and its neck is surrounded by it circularly, in such manner, that it projects a little into it.

This situation of the *uterus*, such as it has been described, does, however, suffer some variations in different subjects: but these variations are slight in the state of health. It is only in the three following cases, and particularly in the two last, that the changes of situation

situation which happens to the *uterus*, merit the attention of patients, and physicians; and should be regarded as a real disease.

The first is, when the *uterus* advances a little further than usual into the *vagina*; and, in consequence of that, approaches the *vulva*. This state is an *incipient descensus*: but as it is scarcely ever followed by any accident worthy notice; and is very common in women who have had several children; it is only considered as an usual circumstance, where the *uterus* bears down a little.

The second is, when the *uterus* advances to the middle of the *vagina*; or even to its orifice. As this state is attended with pain, and injury to several functions, it constitutes a real disease; known under the name of the *imperfect descensus of the uterus*.

Lastly, in the third, the *uterus*, continuing to descend, gets clear of the orifice of the *vagina*; and falls into the *vulva*: sometimes even passing to the outside; and bearing down on the thighs. It is then, that the *descensus* of the *uterus* has the name of *perfect*: and this third case must be regarded as a disease of consequence.

In these three different cases, the patients feel a weight, and swelling in the part; and find trouble in walking, and even in standing upright; and in the two last, they are obliged to make water often, have trouble in going to stool; and even then dare not strain. They are, moreover, incapable of fulfilling the duties of marriage; and of conceiving.

These accidents, although the same in the principle, vary with relation to the violence, according to the degree of the disorder.

§. II. CAUSES.

The antients were unanimously of opinion, that the *uterus* was held in its place by four ligaments: two being broad, which went, as they said, from its *fundus* to fix it to the loins; and two being round, which sprung from the right and left sides of the *uterus*, and
after

after having passed through the rings of the abdominal muscles, terminated at the groins.

That the broad ligaments held it suspended, and hindered it from descending; and that the round ligaments retained it straight in the middle of the *hypogastrium*; and prevented it from declining, either to one side or the other.

From hence, they thought themselves authorized to conclude, that the *descensus* of the *uterus* never happened, but when the broad ligaments were broken, or considerably relaxed; and the round ligaments sufficiently so, likewise, to give way to this displacing.

But the discoveries, that have been made in anatomy, have shewn the falsity of this theory. The pretended broad ligaments are only an expansion of the *peritonæum*: which, after having reached, externally, the *fundus* of the *uterus*, passes to be fixed to the loins, near the place, where the mesentery itself is fixed. This is, consequently, only a simple membrane, very lax, and wholly incapable of keeping the *uterus* suspended. As to the round ligaments, besides that, by their position, they are more proper to draw the *uterus* downwards, than to prevent its falling, it is known, that they are only formed of a net work of arterial, and veinous vessels, interwoven with each other: and thence little capable of contributing, to retain the *uterus* in its place, right in the middle of the *hypogastrium*: where, moreover, it scarcely ever is.

It results, therefore, from hence, that, in its natural state, the *uterus* is held in its place only by the *fundus* of the *vagina*: upon which it bears; where the neck, which is small, enters even half a finger's breadth; but where the body, which is larger, cannot enter; and, consequently, that in the unnatural state, of which we are treating, the *uterus* descends only, because the *fundus* of the *vagina*, more dilated, or, at least, more dilatable, is capable of receiving it, when it falls by its own proper weight; or when it is thrust there, by some accidental cause. Therefore,

fore, to establish the true theory of the *descensus* of the *uterus*, it is requisite, on one hand, to lay down the causes, which may dilate the *fundus* of the *vagina*, or, at least, render it easily dilatable, so as to make it able to receive even the body of the *uterus*; and, on the other hand, to assign, at the same time, all the accidental causes, which may thrust the *uterus* into the *fundus* of the *vagina*; and make it enter there, by forcing the weak resistance, that may be opposed to it.

I. But, as to the first article, it is certain, that the *fundus* of the *vagina* cannot be dilated, except by three causes:

1°. By natural conformation, which varies, in different subjects, with regard to the largeness of members; and, in like manner, with regard to the opening of the *fundus* of the *vagina*.

2°. By the birth of a child, that is too big; drop-sical; hydrocephalous; monstrous; or which comes out double, &c: for, in all these cases, the *fundus* of the *vagina* suffers a great distension.

3°. By a hard labour, where the midwife is obliged to introduce her hand often into the *uterus*, for the extraction of a dead *fetus*; or of a *placenta*, that adheres too strongly.

But the *fundus* of the *vagina*, without being actually dilated, may be sufficiently lax, and soft, to be easily dilatable; and to give room thence for the *descensus* of the *uterus*; which happens in these two cases:

1°. When the patients are of a weak and delicate constitution; where the parts have but little elasticity; and where, consequently, the coats of the *vagina* are weak, easy to be distended, and furnished with only a few muscular fibres of a weak texture.

2°. When the *fundus* of the *vagina* is, for a great length of time, macerated with a lymphous *serum*; that distils from the *uterus*: as it happens in the ferous *fluor albus*, which is constant, and of long standing.

II. Nothing

II. Nothing is advanced, with relation to the different states of the *vagina*, as they may contribute to occasion a *descensus* of the *uterus*, that is not confirmed by the circumstances under which this disorder happens; and by the observations, that have been made in the opening the dead bodies of women, who were afflicted with it. But it may be easily judged, that these states, such as they have been explained, are not sufficient to produce the *descensus* of the *uterus*; unless it be thrust lower into the *vagina* by some cause. In fact, its own weight is a cause always present, that bears it down. But, except in the cases where the dilatation of the *vagina* is very great, which is rare, this cause alone may indeed lower it a little; but can never produce a true *descensus* of it, unless some more efficacious causes supervene, which makes the *uterus* press forwards with more force into the *vagina*; and enter there, by surmounting the obstacles which would resist the weight.

These causes are sufficiently numerous. They are all verified by experience, and confirmed by instances of descents of the bowels, or the *omentum* in men.

As, 1°. A violent and frequent cough, in an obstinate cold; and in great fits of an asthma.

2°. Sneezing often repeated, in consequence of a cold in the head; or by the use of too pungent snuff.

3°. The efforts of vomiting, when it happens in some case of indigestion; or, where it is necessary to procure it, in some disorder that requires it.

4°. The efforts made in lifting; or bearing any weight that is too great.

5°. The reiterated strainings in a violent looseness, or in a *tenesmus*; especially if continued for a long time.

6°. Any violent fall; particularly if it be made on the belly; or any stroke that is received there, by other means.

7°. Screaming extorted by any excessive pain that is felt; or occasioned by any passion that prevails.

But

But what has been already observed, with relation to the states of the *vagina*, must be observed with relation to these causes; that is to say, as these states are not sufficient to produce the *descensus* of the *uterus*, if there were no cause which might push the *uterus* lower; in the same manner, these causes are not capable alone of effecting this *descensus*, if the dilatation, or, at least, the dilatability of the *uterus*, did not conduce in part to this effect: and that, therefore, this disorder depends always on the concurrence of these two kinds of causes.

§. III. SYMPTOMS.

I. In the *descensus* of the *uterus*, this part changes its place intire, and without any change in its figure; that is to say, the neck presents itself the first, the body follows, and it passes intirely into the *vagina*, which embraces, and surrounds it.

II. The patients suffer but little, so long as the *descensus* is only incipient: because the stretching of the connections of the *uterus* is moderate; as well as the distension of the *vagina*; but they both augment in proportion as the *uterus* falls lower; and then the sense of weight, and the pains, come; and go on increasing accordingly.

III. The more low the *uterus* falls, the more the patients suffer in walking; whatever care they may have in stepping, to keep their thighs asunder, that they may not press it.

IV. When the *descensus* is perfect; that is to say, when the *uterus* falls to the orifice of the *vagina*; the bladder is compressed, if the neck of the *uterus* turns on that side; and then, its cavity being diminished, the patient is obliged to make water often; and sometimes even finds trouble in doing it; when the *urethra* is strongly compressed.

V. They undergo the same difficulty in voiding the excrement, when the neck of the *uterus*, placed obliquely, bears on the side of the *rectum*; and compresses it.

VI. In

VI. In this state, the *menfes* continue to appear, if there be no particular fault in the interior part of the *uterus*: but as the blood, which is carried thither, does not return without difficulty, because of the compression, which the veins suffer on account of being turned backwards, the *menfes* degenerate often into a continual discharge; and sometimes into a flooding.

VII. There is not any displacing of the *uterus*, in which the patients are not subject to a serous *fluor albus*: because the blood, which stagnates in the vessels of the *uterus*, suffers the lymph to transfuse. The discharge of the *fluor albus* is copious, in the same degree as the *descensus* of the *uterus* is great.

VIII. In the perfect *descensus*, the body of the bladder is often forced to follow the *uterus*, and descend with it. There is a very circumstantial account of such a case ¹ in Ruyfch. It is even pretended, that the *colon* has been sometimes dragged down also by the *uterus*; and an instance may be found of it in the Observations ² of Henry de Heer.

IX. It has been already remarked, that the blood can scarcely return from the vessels of the *uterus* in the *descensus*; particularly in those that are *perfect*: which must be understood to hold good also of the lymph. It is not surprizing, therefore, that the magnitude of the *uterus* should enlarge in this state. When this tumefaction is sudden, it is to be feared, that it may bring on inflammation; and the inflammation, a gangrene; and when it comes on more slowly, there is reason to expect an induration of the *uterus*, which may turn to a *schirrus*; and sometimes even, at length, to a cancer.

X. Lastly, in the perfect *descensus*, the urine, which comes out of the *urethra*, spreads over the body of the *uterus*, and soon produces there a superficial, but ulcerous excoriation; and even ulcerous furrows,

¹ Thesaur. anatom. viii. N^o 402. ² Observat. Medicar. Observat. 22.

which give room to apprehend a gangrene; in which this disorder usually terminates.

§. IV. DIAGNOSTIC.

The *descensus* of the *uterus* can only be confounded, as has been already remarked, with the excrescences of the *vagina*; the elongation of some of its *rugæ*; or with the reversing of the *uterus*, thrust, in that state, out of its orifice, and hanging in the *vagina*.

The signs, which serve to distinguish it from the excrescences, and elongations of the *vagina*, will be shewn in the following chapter, where the nature, and kinds of these excrescences, and elongations, will be explained.

There will be shewn, in the same chapter, in speaking of the reversing of the *uterus*, the means of distinguishing this reversing, and the *descensus* of the *uterus* which attends it, from the common *descensus* of it, which is here treated of.

At present it suffices to remark, that, in this last *descensus* of the *uterus*, there are many criterions, which are essential to it, and which serve to distinguish it. The body that descends is smaller in the exterior part, than in the posterior: it is firm, smooth, shining, and furnished with but a few blood-vessels. It is perforated with a slit through it, from whence the blood is seen to flow in the time of the *menfes*, when the patients are yet of age to have them: and, moreover, the body, which presents itself, adheres to the *vagina* circularly, as is to be known with certainty, by introducing the finger into the *vagina*, and passing it round the whole body.

§. V. PROGNOSTIC.

To judge well of the prognostic, that ought to be made of the *descensus* of the *uterus*, its different states must be distinguished.

1°. While the *descensus* is only incipient; that is to say, so long as the *uterus* bears down only a little; the disorder is slight, and without danger; and there
may

may be hopes of curing it, without subjecting the patient to the use of an uterine circle.

2°. When the *descensus* is formed, but is imperfect; that is to say, when the *uterus* has not yet got clear of the narrow part of the orifice of the *vagina*; it may be easily put again into its proper place: but to retain it there, the uterine circle must be employed; unless the patients will keep a long time in bed: and still, even then, it is sometimes necessary to have recourse to it, for an intire security.

3°. If, however, the *descensus* be perfect; that is to say, if the *uterus* fall into the *vulva*; or, what is yet worse, if it pass to the outside of the *vulva*; in this case, provided immediate application be made, it is not difficult to put it in again into its proper place; and then it is not sufficient to oblige the patients to keep in bed for some time; but an uterine circle must be introduced into the bottom of the *vagina*, which will keep up the *uterus*; and prevent the danger of its falling down again.

4°. Lastly, if the patient be negligent enough to let the *uterus* remain some time in this state, it swells, and soon becomes indurated to such a degree, that it is absolutely impossible to make a reduction of it. Then, whatever precaution may be taken, the surface of the *uterus* ulcerates in a short time, by the acrimony of the urine, which flows over it; and this exulceration is soon followed with a gangrene, that makes a rapid progress; and for which there is no remedy, but by making an amputation of the body of the *uterus*.

5°. There is a necessity to have recourse to the same operation, when the *uterus* becomes schirrous, and the *schirrus* degenerates into a cancer: which is more rare; but not without instances. As this operation is dangerous, and, for the most part, does not succeed, it ought never to be practised, but in desperate cases; *in evidenti mortis periculo*. But it ought, however, to be performed in such cases, for the fact is certain, that it has sometimes been attended with

success: and we shall quote, at the bottom, some authors¹ worthy of credit, who have attested the same.

6°. It results from what has been above said, that the *descensus* of the *uterus* is not a mortal disease, so long as it is capable of being reduced. There are many women found: who have this disorder a long time without any danger.

7°. But it is certainly a disease that is very troublesome and nasty; and which commonly renders the *menfes* irregular, causes the *fluor albus*, often prevents conception, and deprives the women of the liberty of doing their business.

8°. In general, the *descensus* of the *uterus* is more easily cured, when it is incipient and imperfect, than when it is of long standing, and perfect: and, in a young woman, otherwise of a healthful habit, than in one that is older, and of a bad habit.

9°. The perfect *descensus*es, where it is not practicable to reduce the *uterus*, end almost always in inflammation, exulceration, and gangrene: or in *schirrus*, and cancer: and are, consequently, not only very dangerous, but even commonly mortal.

§. VI. *Method of cure.*

The treatment of the *descensus* of the *uterus* is always essentially the same: but it varies according to the different states of the disorder.

I. If the *descensus* be only incipient; that is to say, if the *uterus* be nearly in its place, but nevertheless a little lower than it ought to be; there is room to hope to cure it: or, at least, to stop the progress of it,

¹ Aëtius, Tertrabibl. iv. ferm. iv. cap. 76.

Paulus Ægineta, Lib. iii. cap. 72. Et Lib. vi. cap. 22.

Berengarius Carpus, in *Isagoge anatomicâ*.

Marcus Gatinaria, *Prætic. Cap. De exitu matricis*.

Anton. Benivenius, *Observat. Medicinal.* Observ. ix.

Christophorus à Vega. Comment. ad Aphorism. 18. Lib. viii.

Ambroise Paré, Livre xxiv. ch. 48.

by astringents, medicaments proper to contract the *fundus* of the *vagina*, and to put it in a condition to resist the *descensus* of the *uterus*.

They are employed in different manners.

1°. In injections into the *vagina*, that are repeated two or three times a day; and are made with the decoction of the roots of

Tormentil,

Bistort,

Comfrey,

of the leaves of

Shepherds purse,

Vervain,

Horsetail,

Yarrow;

of red roses, or Province roses:

or, if it be desired to render the decoction more efficacious,

of the bark of pomegranates;

of balauftines;

of Cyprus nuts; and

of the calyces of acorns.

This decoction may be made with three or four of these drugs, at discretion, in common water; strong red wine; or the water of a smith's forge.

2°. In fomentations, where the same decoction is used: in which a fine sponge, or a small roll of linen is dipt, and introduced into the bottom of the *vagina*. This practice is more safe, and efficacious, than the preceding: because the remedies remain longer applied to the part that is to be contracted.

3°. In fumigations, that are received into the *vagina*, upon the perforated chair, by means of a funnel: taking care, that the fumes be not too hot. To this end, may be employed, the hot vapour, that rises from the astringent decoction already described: but, if it be desired, to render these fumigations still more efficacious, use may be made of

Frankincense,

Myrrh,

Mastic,

Sandarac, or gum Juniper,

Red roses,

the whole mixt in a fine powder; compounded together in the proportion judged most proper; and cast by pinches upon burning coals, for a quarter of an hour, or more.

The skins of salted eels, dried in the chimney, and powdered, are particularly recommended, as a specific remedy: but, I am of opinion, the medicine has more reputation than efficacy.

4°. There should be given, at the same time, internally, every morning, some dishes of the infusion of flowers of sage, or leaves of wild tansey; or a decoction of crude *terra Japonica*; or, what is more efficacious, some glasses of decoction of China root, or of sarsaparilla.

In like manner may be ordered bolusses, with *terra Japonica*, mastic, dragons blood, and cascarilla; the whole in powder; and incorporated with the syrup of dried roses, or *stæchas*. Though there is, in this disorder, but little effect to be expected from internal astringents.

5°. It is requisite, above all things, when the season permits, to make use of mineral waters, to strengthen and restore the elasticity of the *fundus* of the *vagina*. They are employed in injections, in stoops on the back and reins; and in baths: they are also administered internally; and the vapours that rise from them, at the spring, are ordered to be received in fumigations.

6°. It should not be neglected to apply on the loins, and even on the *hypogastrium*, the plaster *contra rupturam*; or the plaster of Madam Fouquet: not that any great stress ought to be laid on these remedies; but, because there is some hazard of losing the confidence of the patient, if it be neglected: and as they ought not to be displeased about so trifling a matter,

matter, as an exterior application, which can do no harm.

7°. Lastly, if the *descensus* gains ground, so that the patient finds more trouble in walking, and feels a pain in the *uterus*, there must, without hesitation, be recourse had to the use of the uterine circle: which is the only certain method of preventing the progress of the disorder; and securing the patient from all danger. The manner of making use of it, will be shewn in the following articles.

II. But if the *uterus* descend gradually into the *vagina*, even to its orifice, by the negligence of the patient, or some unforeseen effort throws it there suddenly; that is to say, if the *descensus* become perfect, the first attention should be, to put back the *uterus*, as soon as possible, into its place.

1°. To this end, the patient is to be laid on her back, in bed, with the breech more raised than the belly: and the *uterus* to be gently thrust back, with one or two of the fingers of the right hand, greased for that purpose: or, if it be more approved of, a pessary of linnen rolled; tied about with a thread; and dipt in an emollient decoction of roots of yellow mallows.

2°. The operation is, for the most part, easily performed in this case; and the patients are often able to accomplish it themselves. When the reduction is made, they should be ordered to cross their legs; and to keep, in that posture, in bed, to prevent the *uterus* from falling down again.

3°. An uterine circle is, nevertheless, to be prepared; supposing there be none ready. This circle is a kind of oval piece of cork, bored in the middle, with a pretty large hole, for the discharge of the *menstrues*, flat, or convex, on one side, and slightly concave on the other.

4°. In adapting the size of this circle, regard must be had to the magnitude of the *vagina*, to regulate the breadth; and, to the distance of the hips in the patient, to determine the length: without which, any uterine circle, that should be made, would run

the risk of being useless, from being too little ; or of hurting the patient, from being too long.

5°. When the dimensions are properly taken, and the uterine circle is finished ; some white wax should be melted over a very gentle fire, with a little Venice turpentine, and even a little gum mastic in powder, mixt with it : and the circle should be dipt into this melted mixture, in order to cover all its inequalities, and render the whole even : which should be repeated if necessary : and afterwards, all the roughness carefully scraped off.

6°. When the uterine circle is ready, it is rubbed with a little oil, or fresh butter ; and introduced into the *vagina* lengthways, as high as the *uterus*. It is then to be turned, and put into an horizontal position ; which makes it bear, by its two ends, on the two hip-bones, at the right and the left ; and care must be taken, that the concave side be turned upwards, towards the *uterus* ; which is to rest upon it.

7°. In this position, the uterine circle cannot fall down ; nor, consequently, admit the *uterus* which it supports, to move downwards. It cannot, moreover, compress either the bladder, or the *rectum* : because it is not so broad as long. Nevertheless, the *menfes* may be freely discharged by the opening, which is in its middle. The women may, also, in this condition, have commerce with their husbands, and conceive, without having occasion to take out the circle, except at the time of delivery.

8°. When the uterine circle is well made, the women are soon accustomed to it : but these several inconveniencies result, where it is not made of fit dimensions. If it be too short, it lies loose in the bottom of the *vagina* ; and falls downwards. If it be too long, there is a necessity for placing it too high : which elongates and stretches the *vagina*. If it be too broad, it presses, and disorders, the *rectum*, or the bladder. In all these cases, a new one should be made : and the faults, that are observed in the first, avoided.

9°. When

9°. When the circle is fixt in its place, the patient may stand, and walk, without any danger: and there is no occasion for any other remedy. There may be, nevertheless, thrust to the bottom of the *vagina*, a small sponge, dipt in some astringent decoction: though there is not much room to hope, for the contraction of a part, that the presence of the circle keeps always in a state of distension.

III. If the *descensus* of the *uterus* be perfect; that is to say, if the *uterus* has passed the orifice of the *vagina*; which is narrower; and be fallen into the *vulva*; there should be no time lost in reducing it immediately, without giving an opportunity for its enlarging.

To facilitate this reduction, the patient should make water, assisted, if there be occasion, even by the catheter: and it is proper, also, for the same reason, to give her a glyster, in order to empty the *rectum*: after which, the *uterus* is to be fomented with a warm decoction of yellow mallows; or with the mucilage of linseed; and then gradually thrust back, in the manner that has been mentioned in the preceding article: which will generally succeed well enough; if it be done soon after the *descensus* first happens.

But if too much time has been lost in calling for assistance; and the *uterus* be grown large, and indurated, so as not to be capable of being reduced; after some trials, made with caution, the following method should be taken.

1°. To bleed the patient in the arm, once, or twice, ten or twelve ounces each time.

2°. To foment the *uterus* with an emollient decoction, warm, made with the roots of the yellow mallows, and lilies; and with the leaves of mallows, yellow mallows, *acanthus*, &c; in which is dipt a piece of linnen, well worn; that is afterwards put round the *uterus*, and renewed when it grows cold.

3°. To apply to the *uterus*, even a cataplasm of crumb of bread, and milk: or an emollient cataplasm, made with the pulp of the same plants, that

have been mentioned for the fomentations; and of the oil of lilies; or of sweet almonds.

4°. To make the patient use warm half baths, of the same emollient decoction; and to stay in them an hour or two, every time.

5°. Lastly, during the use of these remedies, to oblige the patient to keep in bed, laid on her back, with her breech raised, to facilitate the return of the blood, which goes back from the *uterus*.

When these remedies have succeeded, in diminishing the bigness of the *uterus*; and, at least, have rendered it sufficiently soft, to be capable of being elongated, and of yielding to the reduction; it should be attempted again, with all the proper precautions.

If it then succeed, the disease is cured: but, as the *uterus* may have suffered in this operation, care should be taken to keep the patient in bed, for several days, in a proper posture; to bleed her once or twice in the arm; to apply emollient fomentations on the hypogastric region; and to prescribe an exact regimen.

Lastly, when the pain, and the heat of the *uterus*, and the *vagina*, have ceased, an uterine circle should be fixed, for the security of the patient. But as these parts are yet sensible, it would be well to put in a small one first, to habituate the *uterus* and *vagina* to it, till such time as they may be able to bear one of a proper bigness.

IV. If the *uterus* be too large, and hard, to admit of being reduced, the patient can only be pitied for her deplorable situation: and as the disorder cannot be cured, endeavours must be made to palliate the consequences. In order to which, care must be taken, to defend the *uterus* from the acrimony of the urine; and to prevent its exulceration.

To this end, the *uterus* should be kept well washed, with the decoction of the root of the yellow mallows; or the decoction of barley. It should be covered with a piece of linnen, spread with the cerate of Galen; or of common waxed taffety. The slightest
choppings

choppings should be fomented with a weak decoction of the roots of birthwort; and anointed with the ointment of storax. It should be attempted also, by frequent fomentations, to prevent the *uterus* from indurating, and becoming schirrous. But in spite of all this care, it almost always happens, that, in the end, the *uterus* ulcerates, and mortifies: or that, from a schirrous, it becomes cancerous: and, in such cases, as death is a certain and quick consequence, it should be resolved to amputate the *uterus*. This operation often turns out ill, as has been mentioned; but it suffices, that it has sometimes been attended with good success, to render the trial of it proper in so desperate a situation: especially if the patient be young, and appear to be otherwise of a good constitution.

As this operation is very rarely practised, I think it unnecessary to give a particular explanation of it. It is sufficient to remark;

1°. That a ligature must be made on the *uterus*, at the edge of the *vulva*, and that, in order to make it on a place that is not schirrous, it is requisite to draw the *uterus* a little out.

2°. That it is proper to take care, not to include the bladder in this ligature; and, in order to that, to inject warm water into the bladder, to be well informed of its situation, before the ligature be made.

3°. That the *uterus* must be afterwards amputated below the ligature, with a crooked knife; such as is made use of in the amputation of other parts.

4°. That the wound must be dressed with all possible care, and with all the precautions, the rules of art, and the different circumstances of the disorder require: and that, when the ligature falls off, and the wound is ready to cicatrize, the end of the *vagina* must be pushed inwards into the *vulva*.

C H A P. XI.

Of diseases, which have relation to the descensus of the uterus.

THESE diseases are *sarcomas*, or excrescences of the *vagina*; the elongation, or *descensus*, of some portion of the external coat of the *vagina*; and the reversing of the *uterus* itself, which comes out through its own orifice, by turning inside outwards. To explain these diseases with order, it is proper to divide them into three distinct articles.

A R T I C L E I.

Of the sarcomas, or excrescences of the vagina, and of the elongation, or descensus, of some portion of the interior coat of the vagina.

WHAT has been affirmed of the *descensus* of the *uterus*, in the last chapter, is conformable to the most accurate observations.

It is surprizing, that there have been physicians, whose names¹ and works are specified in the bottom of the page, who have raised doubts concerning them, and pretended, that the *uterus* never falls; and that, what is taken for a fall of the *uterus*, is only some *sarcoma*, or some excrescence of the *vagina*, or, at most, a portion of its interior coat, which grows long and falls into the *vulva*.

To be capable of advancing such an opinion, these physicians must never have seen any *descensus* of the *uterus*; notwithstanding this disorder is really not

¹ Job. Meeckeren, *Observat. Chirurg. cap. 51.*

Henricus à Roonhuysen, *Observat. Part. 1. Observat. 2.*

Theodorus Kerckringius, *Spicileg. anatom. Observat. 30.*

Johannes Van-Horne, *Microtechn. §. 2. Part. 2. §. 28.*

rare. They could not, otherwise, mistake the body of the *uterus*, which is easy to be distinguished by its firmness, volume, figure; and still more by its neck, or snout, that is shining, smooth, without perceptible vessels; and in which is found the transverse opening, that constitutes its orifice; from whence the *menfes* are seen, in the most visible manner, to distil at every periodical return, when the patients refuse to submit to the reduction of the *uterus*; or when it is impossible to accomplish such reduction, on account of the bulk that the *uterus* has acquired. I shall not add, that it has been sometimes necessary to have recourse to extirpation, from the pain the patients have suffered; and still more, from the imminent danger of a gangrene: and that, then, it has been clearly known by dissection, that the body, which had been taken off, was the *uterus* itself. Paré¹ carries the evidence on this matter still further, for he assures us, that after having performed the amputation of the *uterus* with success, in a woman, who had a *descensus*, he had the curiosity some months after, having known that she was dead of a pleurisy, to desire to open the body; when he found the *uterus* wanting; and that there was formed, at the end of the *vagina*, a callous and solid body, which closed it.

There certainly are *descensus*es of the *vagina*; or, at least, diseases so called: but these pretended *descensus*es taken, in the whole extent that is given them, are so different from those of the *uterus*, that they cannot be mistaken for them, as will be seen by the description, which will be below made of them; by the nature of the causes whence they proceed; and by the particular method of cure which they require.

§. I. Description of the *descensus*es of the *vagina*.

The whole of the *vagina* never descends; as it is absolutely impossible it should: but only some portion of it; or, to speak more properly, some portion of its interior coat. This is a reason, why the pretended *descensus*es of this part, properly speaking, merit only

¹ Livre 14. Chap. 48.

the name of elongation of the interior part of the *vagina*.

These elongations differ from each other,

1°. With relation to their nature: for some are *sarcomas*, or excrescences, fixt to the inside of the *vagina*: others are *fungusses*, or mushrooms, formed in some place of the *vagina*: and others are prolongations of one of the folds, or transverse *rugæ*, which are in the *uterus* in great number.

2°. With relation to their nature: for some are soft, flaccid, spongy, and full of varicous vessels; which suffer a lymphous humour; and sometimes a bloody lymph, or blood itself; to exude: others are more firm, and dry: and others, also, are callous, and even schirrous.

3°. With relation to their thickness, and length, for some are small, as a quill, and roll in the *vagina*: and others are thick; and fill, or even dilate, the *vagina*. Some are long, descend into the *vulva*, and even come out of it: and others are shorter, and scarcely reach the orifice of the *vagina*.

4°. Lastly, with relation to the pedicles by which they are fixed to different places of the *vagina*; in the bottom; towards the middle; or at the edge of the orifice; which are sometimes as small as a thick thread; sometimes thick, and large; sometimes supple, and soft; and sometimes hard, and callous.

§. II. CAUSES.

It appears, by what has been said, that the pretended *descensusses* of the *vagina* may be reduced to three different classes, with relation to the difference of their nature. 1°. To the *sarcoma*; 2°. To the *fungus*; 3°. To the simple elongation of the interior coat: and it is easy to judge, that these different kinds must be owing to different causes.

I. With regard to *sarcomas*, or *polypusses*, it is certain, that those, which are formed in the *uterus*, and grow there, are formed and grow from the same causes, that produce them in other parts. As I have explained this matter, in the Treatise on tumours and
ulcers,

ulcers, *Book V*, *Chap. VI*, I thought reference might be made thither. It suffices, therefore, to add, that, in the *vagina*, *sarcomas* have often their seat in some of the *carunculæ myrtiformes*: that they are sometimes caused by the acrimony of the *fluor albus*: but that they proceed often from a venereal cause.

II. The *fungus* supposes, always, an ulcer more or less great; where the want of deterfion gives rise to the generation of spongy flesh; which spring, and elongate, by a kind of vegetation. The ulcer, that is the first cause of it, may come from the acrimony only of the *fluor albus*; or from a venereal *virus*, with which the patient is infected: and it is, sometimes, the consequence of too frequent, or too brisk touchings, which the patients make, or permit to be made in the parts.

III. For the simple prolongations of the internal coat of the *vagina*, they succeed the too great distension, which the *vagina* suffers in labours, that are hard, difficult, or too frequent; particularly in women of a delicate constitution. After these great distensions, the muscular coat of the *vagina* soon recovers itself, and contracts again; but the interior coat, which is nervous, and cannot contract in the same manner, forms several folds: and it frequently happens, that one of them, which is larger than the rest, elongates itself gradually, by the stagnation, which is made there, of the nutritious lymph. It is, perhaps, in like manner, that the interior coat of the *rectum*, is elongated in children, and causes the apparent *descensus* of the bowels.

After what has been said, it is easy to assign a reason for the differences observed in the excrescences of the *vagina*.

1°. They are fixt to the bottom, middle, or entrance of the *vagina*, according as the causes, which gave rise to them, have acted on those different parts: and their pedicles may be bigger or less; as these causes may have acted on a space, more or less extensive.

2°. If

2°. If these excrescences be *sarcomas*, they will be firm : if simple prolongations of the interior coat of the *vagina*, they will be more soft : and if *fungusses*, they will be still softer. But they will all grow hard, and become callous, and even scirrhous, if astringent remedies are employed to dry them : or if they hang down in the *vulva* ; and are exposed to the action of the air : which is more particularly to be apprehended in the case of *sarcomas*.

3°. *Sarcomas*, will be dry, and not furnish any moisture : the prolongations of the interior coat of the *vagina*, will suffer some *serum* to exude : and there will distil constantly, from the *fungusses*, a bloody lymph, and often blood.

4°. Lastly, these excrescences will be longer, or shorter ; and thicker, or smaller ; according as the causes, which produce them, have begun to act more or less time ; or have acted with a greater or less degree of power.

§. III. SYMPTOMS.

1°. The *descensusses* of the *vagina*, while they are small, do not cause any pain, weight, or dragging ; and, in general, they cause but little, unless they grow so large, as to distend the *vagina* ; and press the neighbouring parts ; which happens particularly in the case of *sarcomas*.

2°. But they are troublesome, on account of the nastiness they occasion ; either by suffering *serum*, often mixt with blood, to exude ; or by detaining a part of the *menfes*, or the *fluor albus*, if the patients be subject to them ; whatever care they may take to wash themselves.

3°. They hinder the patients from having commerce with men : or, at least, render it difficult ; and defeat, by that means, the end of marriage.

4°. If the patients conceive in this state, which sometimes does happen, the delivery will be so much the more difficult, and hard.

5°. Lastly,

5°. Lastly, these excrescences may, at last, become schirrous, and do so commonly: and from thence may degenerate into cancers; which principally holds good of *sarcomas*.

§. IV. DIAGNOSTIC.

The *descensusses* of the *vagina* may be confounded with those of the *uterus*; and it has been remarked above, that they are often confounded, at least with *sarcomas*, when they attain to a certain bigness. I believe, nevertheless, it is easy to distinguish them; if a little attention be given to the matter.

1°. On account, that in the *descensus* of the *vagina*, the body, which presents itself, is long, and flexible, when it is a *fungus*, or a prolongation of the interior coat; whereas, in that of the *uterus*, it is large as a great egg; of a figure somewhat oval; firm; smooth; and presenting to sight, a transverse opening, which is the orifice of the *uterus*.

2°. On account, that the *sarcomas*, which are generally larger; and which acquire sometimes a bulk equal to that of the *uterus*; are unequal and angular: whereas the body of the *uterus* is pointed in the fore part; and grows larger towards the back part, in form of a pear; which resembles the true figure of the *uterus*.

3°. On account, that by introducing the finger into the *vagina*, where the excrescence is seated, the pedicle, by which it adheres, is easily found, even though it be at the bottom of the *vagina*: whereas, in the *descensus* of the *uterus*, the body, which offers itself, does not adhere to the *vagina* by any particular fastning; and the finger may be moved round the whole, without meeting with any resistance.

4°. Lastly, on account, that the *descensus* of the *uterus*, when it is pushed back and replaced, commonly remains there, at least unless the patient use some motion: whereas it is ineffectual to put back the *descensus* of the *uterus*; for it appears again, as soon as the finger is drawn back.

§. V. PROG-

§. V. PROGNOSTIC.

1°. The excrescences of the *vagina*, or the prolongation of any fold of its interior coat, are always troublesome; on account that they occasion a nastiness, from which the patients can scarcely free themselves: and that they render the patients less capable of performing the duties of marriage.

2°. But they are not attended with much danger: and there are many women, who have them for a long time without trouble, and often without perceiving them, when they are small, and do not cause any effusion of blood.

3°. Nevertheless, it would be wrong to neglect using the proper means of remedy, when they become large, hard, callous, or schirrous; or are spongy; and produce a bloody discharge; or, sometimes, effusion of blood.

4°. It is absolutely necessary to have recourse to such means, when these excrescences come out of the *vulva*: because, the contact of the air, and the rubbing of the shift, soon render them schirrous: and more especially when they threaten to become carcinomatous; which often happens in this case.

5°. In general, the most safe method, is to get rid of this inconvenience, as soon as it is perceived: because the remedy is, at that time, much more easy, and certain.

§. VI. *Method of cure.*

In this disease, the treatment must be varied, according to the nature of the disorder, which is the subject of it.

I. If it be excrescences, which are in the *vagina*, it is in vain to presume, to be able to resolve, or repel them; and, in this fruitless hope, to employ resolvents, dissolvents, or astringents: as the use of these remedies would tend only to hasten the induration. It is much better, therefore, to endeavour to destroy the excrescences, which present themselves by

escaro-

escarotics ; or to cut them off, with the points of a pair of scissars.

1°. The first method is always tedious, when the excrescences are large and callous : and there is a hazard, in employing it, of affecting the sound parts of the *vagina* ; if the dressing be ever so little displaced. Indeed the use of escarotics causes great pain ; and may bring on an inflammation in the *vagina*.

2°. The method of taking off these excrescences with the scissars, ought, therefore, to be preferred. Formerly much trouble was taken in tying their pedicles, before the extirpation : and this was found very difficult, in a place so narrow ; particularly when the pedicle was far inwards. A method more easy and simple, of making this ligature, has been since invented : but it is seldom used in this case : because the hæmorrhage, of which they were formerly afraid, is slight, and not attended with any danger : and, in all cases, a compress, dipt in alum water, is sufficient to stop it.

3°. The extirpation may, therefore, be undertaken, as soon as the place of adhesion is known. In order to this, the finger of the left hand should be placed on the adhering part : and a pair of scissars muffled, but long enough to reach to the place of the disorder, must be then slid along this finger, and the points directed, by means of it, till it be certain, that they embrace the pedicle of the excrescence, very near the place of its adhesion. Then, by pressing the rings of the scissars towards each other, the pedicle may be cut ; and the excrescence separated.

4°. Some drops of blood may be afterwards suffered to flow : but it may be soon stopt with dry lint, with which the *vagina* should be filled : and if that be not sufficient to staunch the bleeding, a button, dipt in alum water, or *aqua styptica*, may be applied. When this dressing loosens of itself, which will generally be the next day, or the day after, the wound may be dressed with any common digestive, in which is afterwards mixt, a little of Arcæus's balsam : and, by this

means, it will be soon healed. It is proper, nevertheless, to examine, if there do not remain any callosity, at the place where the pedicle adhered; in which case it should be destroyed, by applying a little pledget, charged with the brown ointment; or, if there be occasion, dipt in water, in which a little of the *lapis causticus* has been scraped: but care must be taken to restrain its action to the proper place, by filling the *vagina* with dry lint.

5°. During this treatment, the patients should be kept in bed, laid on their backs; and they must observe a strict regimen. But as this operation is scarcely ever followed by any fever, a little solid nourishment may be allowed. At last, after the disorder is cured, some injections should be made into the *vagina*, with the decoction of barley, or of the root of birthwort, and honey of roses; or, what would be better, with the thermal waters of Plombieres, Bourbon, or Barege.

6°. Moreover, if there be any proof, or even any ground of presumption, that the disorder comes from a venereal cause, there should be no hesitation to make use of mercurial frictions on the patient, with all proper care; and to defer the operation till towards the middle of this course.

II. But if the disorder be only a simple relaxation, or elongation of some *rugæ*, or some portion of the interior coat of the *vagina*, it must be endeavoured, in this case, to dry the relaxed part, to contract it, and to reduce it, as soon as may be, to its natural state.

In order to this, drying, astringent, and styptic remedies, are used: which may be employed in two different manners.

1°. In decoction, that is absorbed by a pessary, made of linnen rolled together, or a fine sponge; and applied to the relaxed part. This decoction is commonly made with

Sumach,

Cypress nut,

Galls,

Pomegranate bark,

Pomegranate flowers.

The

The leaves of myrtle,
 horsetail,
 shepherd's purse,
 plantain,
 mouse-ear, &c.

by boiling two or three of these drugs, in the water of a smith's forge, or in strong wine.

2°. By fumigation, which is received in a perforated chair, and for which are employed

Frankincense,
 Mastic,
 Labdanum,
 Dried province roses,
 Sandarac, or gum juniper.

Two or three of these drugs, being selected, must be mixt together in equal quantities; and thrown, by pinches, on a burning coal; and the fumes received, by a funnel, to convey them to the parts of the *vagina*, which are relaxed or elongated.

3°. It is observed, that these folds, or elongations, of the coat of the *vagina*, disappear in the patients, when they are with child, as they advance in their pregnancy: because the *uterus*, then ascending to the highest part of the *pelvis*, on account of the bigness it acquires, draws back, and lengthens the *vagina*; which effaces all its folds and elongations. But the disorder returns after delivery; and often in an increased manner.

4°. If these elongations become too troublesome by their largeness; or that they be schirrous, or ulcerated, there should be no hesitation made, in cutting them off, by putting in practice the method before proposed for excrescences.

ARTICLE II.

Of the reversing of the uterus, which falls down in that state.

Sometimes the *fundus* of the *uterus* presents itself at the orifice reversed; that is to say, turned in-

side outwards, like a glove; comes out followed by the rest of the *uterus*; and forms, in the *vagina*, a round tumour of a pretty large magnitude: which has been often taken for the common *descensus* of the *uterus*, that has been spoken of in the preceding chapter, by some physicians, who have confounded them together.

This accident never happens, but in labours; and it always proceeds, either from the imprudence of the midwife, who drags the afterbirth with too much violence; and, by that means, draws out the *fundus* of the *uterus*; or, what is more common, by convulsive contractions, which agitate the *uterus* in hard labours; and thrust the *fundus* out at the orifice, where it is entangled in the same manner, as the intestines are sometimes known to be, with each other, in violent colics.

This state is always accompanied with an acute pain, and soon followed by inflammation, gangrene, and death; if it be not quickly remedied, by reducing the *uterus*. This is alone sufficient to afford the means of distinguishing the *descensus* of the *uterus* reversed, from the common *descensus* of it. The first happens only in labours; and the other happens, also, sometimes in consequence of labours; but oftner without any labour's being at all concerned in its production. The first is always fatal, at least without a quick relief; and the other is never so; at least not quickly. But these two kinds of *descensus*es are still better distinguished, by the following signs.

1°. In the one, the *uterus* presents itself, like a glove turned inside outwards; and, in the other, it preserves its common state; and descends entirely, without any reversing.

2°. In the one, the *uterus* presents itself as a round body, of which the surface is pulpy, and like velvet; and in which, neither middle, neck, nor orifice, are distinguished: and, in the other, are perceived the middle, neck, and orifice of the *uterus*; and the body, that presents itself, is oval, firm, and smooth.

But

But enough has been said on this: and I do not conceive it proper to proceed further here on the discussion of a subject, that properly *belongs to a Treatise on Labours.*

C H A P. XII.

Of the diseases of the ovaria, and Fallopian tubes.

A R T I C L E I.

Of the diseases of the ovaria.

§. I. *Description of the structure of the ovaria; and the nature of the diseases incident to them.*

I. **T**HE *ovaria* are two bodies of a middling size, and oval figure, but somewhat flattish, placed on the right and left, at one or two fingers breadth from the *uterus*, nearly at the same height with its *fundus*, adhering there by the means of a membranous cord, and suspended by the expansions of the *peritonæum*, which extend themselves from the *uterus*, towards the region of the loins; and known by the name of the *broad ligaments* of the *uterus*.

The *ovaria*, as well as the other *viscera*, have a coat which covers them; and vessels, which belong to them; as arteries, veins, lymphatic vessels, and nerves: but it is not necessary to make a particular description of them here: because they have no share, or not in any particular manner, in the production of the diseases, which are incident to these parts.

It is of greater importance to observe, that the *ovaria* are composed of two distinct substances: the one, which is in the superior part, and formed by the intertexture of several tendinous fibres, cutting each other in every direction, but loosely, and making a spongy body: the other, which is at the inferior part,

and separated into several small *cellulae*, membranous and distinct; in each of which is contained a spherical bladder, full of a limpid lymph.

Each of these *vesiculae* is fixed to the bottom of its *cellula*. They are in great number; and very much alike as to form, but different with respect to their bigness; there being of all sizes, from that of a small pea, to that of a millet seed, and even less.

Many observations have informed us, that each of these *cellulae* are perforated on the outside, with a little nick, intirely close, and imperceptible in the common state; but which opens, when the *vesicula* swells by fecundation, till it suffers the same to come out; and fall into the tube. It has been even remarked, that a considerable time after the falling down of the *vesicula*, the place of the *ovarium*, where it passed out, remains red; and affords what is called the *cicatricula*, of which the number answers in the *ovarium*, to the number of *fætusses*, that there has been in the *uterus*.

For more than a century, those who have studied, with the greatest application, the œconomy of the human body; and endeavoured to penetrate into the mysteries of generation; have imagined, they have found some analogy betwixt that of oviparous animals, and that of viviparous: and, in this opinion, they have regarded these *vesiculae*, as so many eggs, which are subservient to generation, when they are fecundated. From whence it proceeds, that they have called the two bodies, we have been describing, *ovaria*; and given them no other name.

II. The *ovaria*, besides the diseases they are subject to in common with other parts, have some, likewise, which are peculiar to themselves. There are accounted among such diseases,

1°. Inflammation, and the consequences of it, when it does not terminate by the way of resolution: viz. abscess, and gangrene.

2°. *Schirrusses*; sometimes continuous; and sometimes separated into several *moleculæ*, which are particularly peculiar to the spongy, or superior substance

of the *ovaria*. It sometimes happens, that such *schir-russes* turn to cancers.

3°. Hydatids ¹, or round *vesiculæ* of different magnitude adhering to the exterior surface of the *ovaria*; and full of viscid and transparent lymph.

4°. The incysted dropfy ²; in which the water collected, is contained in a membranous bag; of which the extent and thickness vary very much.

5°. The conception of an *embryo* in the *ovarium* itself; where it grows till it becomes of the magnitude of an inch; of which there are instances attested by indisputable observations ³.

6°. Incysted tumours, *steatomas*, *atheromas*, or *melicerisses* ⁴; which are commonly formed in the cellular or inferior substance of the *ovaria*: of which the magnitude varies in different cases; and where there is contained in the bag, a matter that is caseous; sebaceous; purulent; more or less thick; and of different colours, as brown, grey, or yellow. But what is most extraordinary, there is often found, in these tumours, little balls of hair ⁵, intirely resembling common hair, except in being finer.

¹ Mémoires de l'Académie Royale des Sciences, ann. 1711. Acta Berolinensia, Vol. VII. pag. 76.

² J. Riolanus, Anthropogr. lib. ii. cap. 35. Freder. Ruyschius, Observ. anatomic. 17. J. B. Bianchi, de Generatione, pag. 187. Hans Sloane, Transact. Philos. ann. 1699. n°. 252. artic. 1.

Henricus Sampson, *ibid.* ann. 1678. n°. 140. artic. 1.

Jacobus Douglas, Medicus, *ibid.* ann. 1706. n°. 308. art. 3.

Johannes Belchier, *ibid.* ann. 1732. n°. 423. artic. 3.

Johannes Huldricus Peyer Im-off, in Thesibus defensis Basileæ, ann. 1719.

³ Observations inserted in the Journal of medicine, of the Abbe

Roque of the month of January 1683, related in Latin, in the Bibliothèque anatomique, Tom. I. pag. 623.

Alexis Litre, Mémoires de l'Académie des Sciences, ann. 1701.

⁴ Fred. Ruyschius, Adversar. anatomic. Decad. I. pag. 6.

⁵ J. Bauhinus apud Theoph. Bonetum, Sepulchr. lib. iii. §. 33. observ. 4. n°. 6. Et apud J. Schenckium, lib. iv. observ. 116.

C. Bauhinus, Anatom. lib. i. cap. 31. Et apud Hercul. Saxoniæ, de Plicâ, cap. 12.

Guillêlmus Fabricius Hildanus, Observ. Chirurg. cent. v. observat. 48.

Gregorius Horstius, Observat. Medic. lib. iv. observ. 53.

Daniel Sennertus, lib. iv. part. i. §. 2, cap. 20.

§. II. CAUSES.

After what has been already said of the greatest part of these diseases, with relation to the *uterus*, it is not necessary to repeat the particulars here; but only to point them out in few words.

Thus, 1°. The inflammation of the *ovaria* depends on the same causes, as that of the *uterus*: inasmuch, that it scarcely ever happens, but in consequence of such inflammation. If the whole body of the *uterus* be inflamed, the two *ovaria* will be so also, which is, however, rare: but there will be only one inflamed, if the inflammation be only on one side of the *uterus*: and not either, if the inflammation affect only the interior coat of the *uterus*; or, at least, only the neck.

The consequences of the inflammation of the *ovaria*, is almost always the same with those of that of the *uterus*. If such inflammation be dissolved, by way of resolution, that of the *ovaria* will terminate in the same manner; and, on the contrary, they turn into a gangrene, or abscess, if that of the *uterus* take either of these turns.

2°. The *schirruses* of the *uterus* proceed from the stagnation of the lymph: which is retained, and grows thick, in their spongy substance. If the lymph stop in an uniform manner, in the whole, or a certain extent of this substance, the *schirrus* will be continuous. It will be separated into several *moleculæ*, if the lymph stop in several distinct places; and grow hard there.

Johannes Rhodius, Observat. cent. iii. observ. 44.

Acad. des Sciences. ann. 1743. pag. 82. H. Cornelius Stalpart vander Wiel, Observat. rariorum centur. post observ. 6.

Stephanus Blancardus, Anat. pract. cent. ii. observ. 27.

Augustinus Buddeus, Miscellan. Berolin. contin. ii. pag. 16.

Martinus Naboth, in Dissertat.

de Sterilitate, cap. 2.

Jacques Yonge, Transf. Philosoph. ann. 1707. n°. 309. art. 6.

Polycarpus Gottlieb Schacher, in Commerc. literario Norimbergensi, ann. 1736. pag. 103. Et in Dissertatione de Ovarii tumore piloso, Lipsiæ 1735. quæ prostat. Tom. IV. Collect. Hallerianæ.

Besides the causes, which, as has been said above, *Chap. V. of this book*, may occasion the lymph to stop in the *uterus*; and give rise there to the generation of *schirrusses*, which may produce the same effect in the *ovaria*; it is apparent, that there are, with regard to the *ovaria*, particular causes, which contribute to it there. Among these causes, may be enumerated the passion of love; which produces in the *ovaria*, as well as in the other neighbouring parts, contractions, and *erethismi*, capable of turning the course of the lymph; especially if they be interrupted, suspended, or checked by contrary contractions; such as fear, shame, and surprize, produce: and from thence it proceeds, that these illnesses are more common to girls and widows, than to women.

After what has been said above, *Chap. VII. of this book*, of the production of cancers in the *uterus*, there is no occasion to declare, that the *schirrus* of the *ovaria*, if it become sufficiently hard to merit the name of perfect *schirrus*, may be converted into a cancer by the same causes, which bring about the same change in the *schirrusses* of the other parts.

3°. When the lymph stagnates in the spongy substance of the *ovaria*, it produces a *schirrus* there; as has been shewn: but when it stagnates only in the small lymphatic vessels distributed in the exterior surface of the *ovaria*, it produces only hydatids, by dilating the different interstices of the small valves of these vessels; as has been explained in the *Treatise on Tumours, Book III, Chap. II.* Thus all the causes, which obstruct the return of the lymph, but more weakly than in the *schirrus*, produce hydatids on the surface of the *ovaria*, more or less numerous; and more or less large; according to the degree of their power.

It is not impossible, but that the two *ovaria* may be, at the same time, converted into hydatids: but it rarely happens. They are not commonly to be found in more than one: and often, it is only a part of the surface of one, which is converted into them.

There

There are some authors, who are of opinion, that the hydatids are formed by the tumefaction of the *ova* or *vesiculæ* contained in the *cellulæ*: but that appears to be impossible; as these *vesiculæ* are under the coat of the *ovaria*.

4°. If any hydatid grow considerably, it will form a bag, full of a lymphous *serum*; and, consequently, a dropfy of the *ovarium*: of which there are many accounts. Sometimes this bag, which makes the dropfy, is single; and, sometimes, it is furrounded with several hydatids; that are smaller. These differences arise, either from the position of the obstacle, which checks the course of the lymph, in one, or in several vessels; or from the different dilatibility of the lymphatic vessels.

5°. There is reason to be surprized, at finding an *embryo* in one of the *ovaria*; and at seeing conception brought about, so far distant from the *uterus*: but that there have been such, is certain. It is difficult to comprehend how the male *semen* can reach thither: but, the fact¹ being proved from observations, it is evident, that the *embryo* is retained in the *ovarium*, only by the density of the coat, which covers it: by the smallness of the hole, through which it should pass out; and, which is the most common, by the convulsive contractions of these parts, occasioned by the shame, and fear, with which the passion is indulged; and the apprehension, that prevails, of the consequences. From thence it has resulted, that these accidents, at least all those which have been known, have been almost all observed in the opening girls.

6°. As hydatids are formed in the *ovaria*, incysted tumours may be also formed there. I have intimated in the *Treatise on Tumours*, that these depend on the same causes, as hydatids; and Ruysch has observed², they are of the same nature.

Besides the incysted tumours, common to other parts, a particular kind is formed in the *ovaria*, by

¹ Ruysch. *Thesaur. V.* n°. 21.
& *Adversar. Decad. I.*

² Idem. *de Valvulis*, cap. iv.
observ. 25.

the putrefaction of *embryos*, which have been conceived, and perished there. In these *steatomas*, or *atheromas*, there is a matter more like *pus*, than in that of the common kind; and which gives them the appearance of an abscess.

There are found in them balls of hair; as has been already mentioned; for which the sagacity of anatomists could never hitherto account. I conjecture, with some probability, that these hairs are those of the *embryos*, which have perished there; and which have continued to grow, as it is known to do in dead bodies. If it were true, as Ruysch¹ has said, that there has been found a range of teeth, *racemum dentium*, it must be supposed, in the same manner, that it was the teeth of an *embryo*, which had continued to grow; as Bianchi² pretends, they did in a dead child, which remained fifteen months in the womb of its mother.

§. III. SYMPTOMS.

In general, the diseases, of which we are treating, are scarcely to be distinguished by their symptoms.

I. The inflammation of the *ovaria* is always attended by heat, and pain, in the place of the belly, where they are placed: but these symptoms, as well as the fever which follows, are almost always attributed to the inflammation of the *uterus*, which is joined to that of the *ovaria*.

The abscesses of the *ovaria* are too small, in the beginning, to make themselves be perceived. And when they are become larger, they produce, in the diseased side, tension and a dull pain; and cause, sometimes, a slight disposition to fever, as all other internal abscesses.

With respect to the gangrene, as it happens to the *ovaria* at the same time as to the *uterus*, it produces the same symptoms, as have been enumerated above, Chap. II.

¹ Adversar. anatom. Decad. III. pag. 6. & 20. Mém. de l'Acad. 143. ann. 1743. pag. 88. ² De Generatione, pag. 142.

II. The *schirrus* of the *ovaria* is formed, in the beginning, quietly, and without being perceived. But when it has acquired a certain magnitude, it constrains, in some degree, the motion of the body; and causes a sense of tension; and sometimes becomes even distinguishable by the touch.

III. It is the same with relation to the hydatids, and the dropfy of the *ovaria*. The hydatids are seldom suspected: and the dropfy is not begun to be suspected, till it has acquired sufficient bulk to render perceptible, in the place where the *ovaria* are situated, a soft and circumscribed tumour.

IV. As to conception in the *ovaria*, the women have not the least perception when it happens: and the *embryo*, confined in its *cellulæ*, perishes, before it can give the least notice of its existence.

V. Much the same may be said of the incysted tumours, even those which proceed from an *embryo* destroyed, and putrefied. They seldom become sufficiently large, to be capable of causing any distinguishable pain.

§. IV. DIAGNOSTIC and PROGNOSTIC.

I. It may be judged, by what has been said, what the diagnostic of the diseases of the *ovaria* may be. It may be known when they are inflamed, by the heat and pain of the place where they are situated; and by the fever which attends. The suppuration and gangrene, with which they are threatened, may be judged of, by observing attentively the progress of the inflammation. But as to the other diseases, they do not afford the least ground of suspicion, when they are in an incipient state; and it is only when they have a considerable largeness, the patients themselves begin sometimes to be sensible of them.

II. With regard to the prognostic, all the diseases of the *ovaria* are bad. If they could be distinguished early, there are some that might perhaps be cured. But, by the time any reason of doubt is furnished, the disorder is already confirmed; and become almost

most always incurable. Every thing, therefore, that can be done, is confined to the checking the progress, and diminishing the accidents of it.

§. V. *Method of cure.*

I. The remedies, which have been proposed above, *Book II, Chap. I, and the following*, for the inflammation of the *uterus*, and its consequences, must be employed for that of the *ovaria*, and its consequences.

II. In all the other diseases of the *ovaria*, a plaster of *diabotantum*, and of the mucilages, *malaxes*, together, in equal quantities; or a plaster of hemlock, should be applied on the *ovarium* affected: embrocations on the part, with oil of camomile, or of earth-worms, being first made; and renewed every day.

III. As to internal remedies, the patients should be bled in the arm, and purged often with gentle cathartics; prescribing a proper regimen, agreeably to the curative intentions; and ordering bitter broths, with martial soluble tartar; whey chalybeated; asses milk; slight chalybeate waters; warm half baths; and particularly diuretic bolusses; broths, and ptisans, to prevent the danger of a dropfy of the *abdomen*; which the diseases of the *ovaria* often bring on.

IV. Lastly, in dropfies of the *ovaria*, which are very large; and, on that account, dangerous; it may seem, that a puncture may be made, with a trochar, to evacuate the *serum*, which is contained in them: but it will be shewn in the following article, in speaking of the dropfies of the Fallopian tubes, that although there appears to be strong indications of its use, it is, nevertheless, attended with great inconveniencies in many places.

ARTICLE II.

Of the diseases of the Fallopian tubes.§. I. *Description of the Fallopian tubes, and of their diseases.*

I. **T**HE Fallopian tubes are a kind of ducts, being two in number, in form of intestines; which extend from the *fundus* of the *uterus*, on the right and left, to the *ovarium* of the same side; not in a right line; but in some measure bending back; and taking, sometimes, a greater compass.

The bottom, which adheres to the *uterus*, passes through all its membranes; and the cavity of the tube communicates with that of the *uterus*; but by a very narrow opening. From thence, in ascending towards the *ovaria*, this cavity grows wider, quite to the opposite end; where there is no diminution of it for a short space: after which, the tube grows broader; and forms a kind of flag; to which the edge, divided into several membranous strings, makes a kind of fringe: on which account, they have given it the name of *corpus fimbriatum*.

These tubes are kept in their place, by an expansion of the *peritonæum*; which serves as a small mesentery: but the end, which is next the *ovarium*, is loose; and adhering to the *ovarium*, only by a portion of its *corpus fimbriatum*, in a very lax manner.

Two coats are distinguished in each tube: the one exterior; which is purely membranous: the other interior; membranous likewise, but pulpy in the inside, like velvet; and moistened with a viscid lymph: which evinces, that some secretion is made there. This coat is folded in several places; from whence proceed the *rugæ*, and a kind of *cellulæ*, which are remarked in the cavity of the tubes.

Betwixt the two coats of the tubes, there are often visible, muscular fibres, both longitudinal and circular; which serve to perform the peristaltic, or vermicular

micular motion of these ducts, when there is occasion to convey, into the *uterus*, the fecundated egg, they have received from the *ovarium* by their *corpus fimbriatum*. For that is the use, which is ascribed to the tubes; and appears to be justly so, by the confirmation of observations. It is very apparent, that the divisions of the edges of the *corpus fimbriatum*, are nothing but little muscles, which serve to embrace the inferior part of the *ovarium*, in the time of conception; and which hold the *corpus fimbriatum* of the tubes close to it, till the fecundated egg enters into them.

II. The tubes are subject to nearly the same diseases as the *ovaria*.

1°. They may be inflamed; and, consequently, they are liable to abscesses and gangrene.

2°. They may become schirrous, either in their whole length; or, otherwise, at one of their ends.

3°. They may be covered with hydatids, as well on their exterior surface, as on the interior: and some of these hydatids, by growing large, may form an hydatid dropfy.

4°. They may, besides, become dropfical, by a collection of *serum*, which fills their cavity; and dilates it beyond measure; as appears by several accounts¹.

5°. It may happen, that the fecundated egg may stop in them, and fix itself to them; and that the *fætus*, which is contained in it, may grow till it lacerates the tube; and kills the mother. This sort of pregnancy in the Fallopian tubes is not rare. It will, however, be sufficient to cite² those instances, which are most known, and certain.

6°. In-

¹ Nicolaus Tulpius, *Observation. Medicar. Lib. iv. Observ. 45.*

Acta Eruditorum Lipsiensia, ann. 1701. mens. Februario.

Ephemeridum Germanicar. Decur. II. anno 2. Observ. 95.

Johannes Baptista Bianchi, *De Generatione, pag. 187.* Il s'agit

d'une hydropisie de trompe de 80. livres pesant.

Johannes Munnicks, in *Bibliotheca anatomica, Tom. I. pag. 624.*

Il est question d'une hydropisie de trompe de 112 livres.

² John Riolan relates, in 1750, in his *Anthropography, Book II. Chap.*

6°. Incysted tumours may be formed in the tubes, as in other parts: and there may, likewise, be formed a kind of abscesses, which have great affinity with them, when the fecundated egg is retained in the tube, perishes there, and is converted into a thick corrupted matter: as it happens also in the *ovaria*, in parallel cases.

7°. It has been often observed¹, that the fringed edges of the *corpus fimbriatum* of one of the tubes, was fixed to the *ovarium*; with which, by that means, the tube cohered; and was rendered incapable of receiving the fecundated egg, that fell from the *ovaria*, at some place where it was not brought close to them.

8°. Lastly, it sometimes happens, that the opening of the tubes into the² *uterus* is so exactly closed, as not to be capable of admitting a hog's bristle to be introduced into it; and that often, there does not remain the least appearance of it. The same thing happens with respect to the *corpus fimbriatum*; but more rarely. This state is not followed by any disorder

Chap. 35. several observations on the largeness of the tubes; and particularly one, which had been made by the physicians of the court, on the washer-woman of the queen (Anne of Austria). But little faith is given to his accounts: and, if Bartholin may be believed, *Anatom. Book I. Chap. 17.* Guy Parin had told him: that Riolan himself did not believe it: and that he had mentioned it out of complaisance to a physician of the court (Peter Sequin, first physician to the queen). The truth is, however, at last evident; and the largeness of the tubes have been presented to the eyes of all the observers. Of the great number of this sort of accounts, I shall

only point out two, which are beyond all doubt: the one of Mr. Litre; and the other of Mr. Vernai: both related in the *Memoirs of the Academy of Sciences, anno 1702.* To which may be added, the account given by Mr. Paul Bussiere, surgeon, in the *Philosophic Transactions, ann. 1694. n° 207. article 24.*

¹ Regnerus de Graaf, *Libro de genitalibus Mulierum, cap. 1.*

Ruyschius, *Adversar. anatomic. Decad. II.*

Du Vernai, *Mémoires de l'Academ. des Sciences, année 1702. pag. 302.*

² Ruyschius, *Observat. anatomic. 83. Adversar. anatomic. Decad. I. pag. 7.*

of the functions, when it happens only to one tube: but if both are affected, it causes an incurable barrenness.

§. II. CAUSES.

After what has been delivered, respecting diseases of the *ovaria*, there remains little to be said of those of the Fallopian tubes.

I. The inflammation of the tubes; as also the abscesses, and gangrene; which sometimes succeed to it; depend on the same causes as the inflammation, abscesses, and gangrene of the *ovaria*.

II. The same holds good of the *schirrusses*, and the hydatid dropfy. The causes of these diseases have been explained in *the Treatise on Tumours and Ulcers*; and it seems most proper to refer to that work.

III. It may happen, that the tube may be closed at the two ends; and then the lymph, that is filtered in its cavity, will be collected, and form a dropfy; which will swell the tube, so as to render it incapable of being known. The same thing may proceed from the obstruction alone of the lower end of the tube, which is the narrowest, and most liable to be stopt. In this case, the lymph, retained in the cavity of the tube, will dilate it; and, by that means, close up the opening of the other end; and prevent all evacuation from it: which will, likewise, form a dropfy of the tube.

IV. The fecundated *ovum*, which falls into the tube, may be stopt there by several causes. It may be too late in getting loose from the *ovarium*; and may be too big to pass through the tube. The tube itself may be stopt; or, at least, be too narrow; or not have a sufficiently strong peristaltic motion, to move forwards the *ovum*. Moreover, the *ovum* may be stopt behind some of the *rugæ*; or in some *cellula* of the tube. In all these cases, the *ovum* will soon grow there; as if it was in the *uterus*; and give rise to

¹ Weitbrecht. in Commentar. inter *Physicas Dissertationes*, Art. Academ. Petropolitane. Tome IV. XIV.

a pregnancy of the Fallopian tube, which will, in the end, be fatal to the mother.

V. Incysted tumours may be formed in the tubes, from the same reasons, which occasion their being formed in the other parts; concerning which, the *Treatise on Tumours, Book V. Chap. II.* may be consulted. But besides this, if the fecundated *ovum*, which is stopt there, be brought to a state of corruption, there will be formed an abscess, very like to a *steatoma*, or *atheroma*; and similar to those formed in the *ovaria*, in the same case.

VI. It is apparent, that the adhesion of the *corpus fimbriatum* of the tube with the *ovarium*, proceeds from this: that, in some preceding fecundation, the *phlogosis*, in which the *ovarium* is in that case, has dried up the lymph, which supplied it externally; as well as that which supplied the fringes of the *corpus fimbriatum*; and thence occasioned them to unite together, and cohere, when either of these parts are inflamed.

VII. Lastly, the opening of the tubes into the *uterus* is closed, and effaced, either because the *uterus* becomes schirrous; or because the place, where they open into it, has been exposed to some *phlogosis*, in a hard labour. Causes, nearly similar, may close up the tubes in the end next the *ovaria*; but this happens more rarely.

§. III. DIAGNOSTIC and PROGNOSTIC.

Diagnostic. Excepting the inflammation of the Fallopian tubes, which may be known by symptoms, that are peculiar to it, the other diseases of them are not evinced by any sign in the beginning; and, afterwards, the signs, by which they are made known, are so ambiguous, that scarcely any thing can be concluded from them. It happens, therefore, constantly, that there are found, in the opening of dead bodies, illnesses and disorders, of which there was not the least suspicion.

Prognostic. The ignorance of the patients, concerning the greatest part of the diseases of the Fallopian tubes, saves them the uneasiness, they would have, if they were better informed; and the physicians the necessity of judging of the consequences of those disorders:

It is only known in theory, 1°. That the inflammation commonly terminates by the way of resolution: which leads to a recovery: whereas those of abscess, and gangrene, are always fatal.

2°. That *schirruſſes*; hydatids; the hydatid dropſy; and the dropſy of the cavity of the tubes; make a ſlow progreſs: and the patients bear them a long time: except, however, the two kinds of dropſy; which, in conſequence of increaſing, burſt, at laſt, into the *abdomen*; and produce there an aſcitic dropſy.

3°. That the pregnancy of the tube brings on, always, the death of the patient; whether the *fœtus* putreſy in the tube, which produces a mortal abſceſs there: or lacerate the tube, and fall into the *abdomen*, which kills the patient, either by the hæmorrhage; or the putrefaction of the *fœtus*. There are, nevertheless, ſome inſtances of women, who have borne for a long time, in their bellies, a *fœtus* dried gradually; and become like a mummy. But theſe inſtances are too rare, to give foundation to any principle.

4°. That the incyſted tumours, of what kind ſoever they be, grow very ſlowly; and continue a long time without incommoding the patients. It affords matter of ſurprize to find them, in opening dead women, in whom there was not the leaſt ſuſpicion of them during their lives.

5°. That the adheſion of the *corpus fimbriatum*, of the Fallopian tubes, with the *ovaria*, and the obſtructions of the cavity of the tubes themſelves may injure generation: but do not cauſe any other inconvenience, nor occaſion any danger.

§. IV. *Method of cure.*

We shall not repeat here, what has been said with relation to the diseases of the *ovaria*, it is sufficient to intimate, that the same remedies are proper, likewise, in those of the Fallopian tubes; and that they should be employed in them; but without presuming too much on their efficacy.

There are only two articles, which demand any particular consideration. The first respects the two dropsies of the Fallopian tubes. It seems, that when their volume makes them distinguishable by the touch alone; and that there is reason to believe they will burst into the *abdomen*, which would produce an ascitic dropsy, they should be evacuated, by making a puncture with a trochar. It is even known, that this operation has been practised with success, by a Danish physician¹, in a case of this kind; as Thomas Bartholin² reports. It is certain, that this operation would be very advantageous, if the bag, in which the water is contained, adhered to the *peritonæum*, in the place where the puncture was made; and that was evidently the case, where the operation succeeded so well with the Danish physician. But if, unfortunately, the bag should not adhere, the operation would be fatal; because the aperture, that would be made in the bag, would occasion the discharge into the *abdomen*, of the water that was collected in the dropsy of the tube. But as there are no criterions, which may shew, whether the bag adhere in such manner or no, the result will be, that the operation may succeed sometimes; and not others. Therefore it ought not to be practised, unless in cases of manifest danger.

The *other* article concerns a pregnancy in the tubes. It appears, that as soon as it is certainly distinguished, a cure should be attempted, by performing the Cæsarean operation, on the side where the child is placed: and

¹ Jean-Henry Brechtfeld.
ibid., pag. 194.

² In *Actis Medicis Hafniensibus*.

this operation, where it is only requisite to cut the tube, would be much less dangerous, than where it is necessary to cut the *uterus*. These reasons seem so prevalent, that, unless where the state of the patient throws some obstacle in the way, I am of opinion this practice ought to be followed: and it is, moreover, authorised by a celebrated instance.

C H A P. XIII.

Of the hysteric passion, or uterine suffocation.

§. I. DESCRIPTION.

THE disease, known under the name of *hysteric passion*, suffocation, strangulation, and uterine epilepsy, is not so properly one disease, as a complication of several different diseases; which has occasioned the greatest part of the authors, who have written on the diseases of women, to treat of them separately in different chapters. But I do not think it right to follow their example; for, as these several diseases depend all on the same cause; relate all to the same disorder of the œconomy; and require all the same treatment as to essentials; it appears to me proper to include the explanation that is given of them in one chapter.

The hysteric passion is liable to returns, or *paroxysms*; which are more or less frequent, long, or violent; and attended with a greater, or less, number of accidents; according to the difference of the subjects, and circumstances.

* That of Abraham Cyrianus, professor of anatomy and surgery in the academy of Fianequer. He relates it in a dissertation, intitled, *Epistola historiam exhibens fœtus humani post 21 menses ex utero tu-*

bâ, matre salvâ ac superstite, excisi, ad Thomam Millington, Equitem auratum, Medicum regium ordinarium, et Collegii Medicorum Londinensium Præsidentem. Lugd. Batav. 1700. in-8°.

These returns are always irregular; and do not keep any certain periods. The disorder is excessive, as long as it lasts: but, as soon as it is over, the patients are in an easy state; and, sometimes, in such as resembles perfect health.

These returns are shewn by yawnings, pandiculations, hiccups, creepings of the intestines, and a redness, which rises suddenly into the face, attended with a very sensible heat: and often followed with a coldness, proportionable to the redness and heat which have preceded. The returns end with profound sighs, slow, and repeated; with the eruption of wind, which comes from the stomach; and particularly with a discharge, more or less copious, of a lymphatic, and, sometimes, bloody *serum*, that flows from the *vagina*.

In the height of the *paroxysm*, there is no function of the body, which may not be put in disorder: and, indeed, frequently is not. With regard, therefore, to the animal functions, there are faintings, sometimes, with an absolute loss of sense, and perception; and, sometimes, with a confused power of hearing, and even of seeing, without being able to give the least sign of it, during the fit; *deliria*; *paralyses* of short duration, and almost momentary, of an arm, leg, hand, or some of the fingers; and convulsions, and convulsive motions, of the arms, legs, fingers, eyes, head, and particularly the trunk of the body; which is bent forwards or backwards; and remains, sometimes, bent in one or other of these directions; and, sometimes, recovers an upright position. The patients, moreover, burst, sometimes, into tears, without any reason; and, sometimes, into laughter, with yet less cause.

With regard to the vital functions, the patients fall into *deliquia* and vomitings; the heart beats, and palpitates irregularly; the pulse changes, and varies in a thousand manners; the respiration varies likewise; and, sometimes, together with the beating of the heart, and the pulsation of the arteries, intirely disappears.

Lastly,

Lastly, with regard to the natural functions, the fits are commonly attended with hiccups ; heartburn ; nausea ; vomitings ; and, particularly, murmurings, almost continual, in the belly.

The patients complain, besides, of heat in the whole body ; which obliges them to uncover themselves ; and which are soon succeeded by a cold, that makes them shiver. They complain, also, of pain in the loins, back, thighs, sides of the breast, and especially the head ; where these pains, only extending to a small space, have occasioned their being called *ovum hystericum*, or *clavis hystericus*. These pains seem either of the nature of pulsations, or distensions ; or both at the same time : and they are seated in different parts of the head ; in the forehead, temples, back, or crown. It may be well judged, that all the numerous accidents, of which we have spoken, do not all happen, to the same patient ; especially all at the same time : but there are none of them, but what happen at some time, in some patient ; and should, therefore, be regarded as symptoms of this disorder.

Among these accidents, there are four that are principal : which are observed in every fit ; although they are not always in the same degree : and which may be considered as essential to this disorder. It is, therefore, certain,

1°. That the fit begins always with some dull sensation, and obscure motion, which the patient perceives in the *uterus*.

2°. That this state is followed by some contraction of the neck, which makes the patient complain of being choaked.

3°. That the *thorax* is, at the same time, impressed together in the under part, and the sides ; as by a circle of iron.

4°. Lastly, that the patients feel in the *abdomen*, as it were, a ball, which rolls, and shifts, into different places, sometimes larger, and softer ; and, sometimes, smaller, and harder.

There should be three different states distinguished in the hysteric passion. In the *first*, there is always the four symptoms, of which we have spoken, though in a weak degree ; but sense and perception, as well as respiration, and the beating of the heart and arteries, always subsist in some degree ; with whatever difficulty and irregularity they may be performed. This *first* degree of the hysteric passion is common.

In the *second*, besides the four pathognomic symptoms, which are then more strong, perception and sense are lost ; and all the parts of the body are affected, and agitated, by different convulsive motions : but the respiration, and the pulse, subsist, although weakly, and with very great irregularity. This *second* degree of the disorder is more rare.

Lastly, in the *third state*, the motions of the parts cease absolutely ; and even respiration, and the pulse, appear to cease also ; so that the patients remain immoveable ; cold ; without perception ; without appearance of respiration, or the beating of the heart ; and, in short, intirely like to a person dead. This frightful state continues, sometimes, for a considerable duration. There are accounts of its lasting for three days : and it so much resembles death, that it has been mistaken for that state ; and more than once the patients have been buried as dead persons. This last state of the disorder, which is very terrifying, is, fortunately, very rare.

§. II. CAUSES.

In order to give a satisfactory account of a theory so difficult, as that of the hysteric passion, it is necessary to lay down the following principles.

I. The hysteric passion is a convulsive disease. This is evident by the convulsions, and convulsive motions, of the trunk, and members of the body : as also by the contraction of the heart, and *thorax* ; and by the ball, which rolls in the *abdomen*. The same holds good, moreover, with relation to all the other symptoms ; as will be shewn in the sequel, in going on to explain them.

II. These

II. These convulsions, and convulsive motions, may regard the muscles, and the muscular fibres of the body; or the membranes, and the membranous fibres. In the *first* case, they are convulsions, and convulsive motions, properly called so; in the second, they bear the name of *contractions*, or *erethismus*.

III. All these several motions, whether belonging to the muscular, or to the tendinous fibres, depend equally on an influx of animal spirits, which flow thither from the brain too copiously, or too impetuously, by their proper nerves.

IV. This too copious or too impetuous *influx*, proceeds always from an *idiopathic* cause; that is to say, such as is proper and peculiar to the brain, which is the seat of it; and which agitates there the animal spirits, and propels them into the parts: or, from a sympathetic cause; that is, to a cause, such as is not in the brain; but, by acting on it, produces *per consensum*; that is to say, by a kind of sympathetic mechanism; the same influx. There is no medium with respect to this: and a determination must be made for one or other of these causes.

V. It is certain, that in the hysterical passion, there can be no suspicion of *idiopathic* causes in the brain, capable of producing the accidents of this disease. In the time, when the hysterical women are the best in health, the convulsive motions come upon them without any thing having preceded, which could affect the brain: and these same motions cease all of a sudden in the same manner; and leave it instantly in an intirely natural state. There cannot, consequently, be supposed, in this disease, any proper affection, nor any *idiopathic* cause in the brain.

VI. It results then, that the cause, which produces the surprizing motions, observed in hysterical women, must be sympathetic; that is to say, it must reside out of the brain, in some part, of which the sensations, or impressions, are capable of exciting these extraordinary motions, by the laws of sympathy. It is thus, that when any person burns the end of their finger
by

by chance, they draw back the hand mechanically: because, the burning the end of the fingers, determines the contraction of the arm, and shoulder. It is thus, that a little tobacco, snuffed up the nose, excites sneezing: because the effect of the tobacco on the nose, puts the muscles into a sudden convulsive contraction; which, by straitening the *thorax*, serves to produce the sudden expiration, that constitutes sneezing.

VII. Nothing is more common, in the human body, than this kind of sympathetic relations, either in the state of disease, or that of health¹. Hippocrates himself appears to have known them, when he said *confluxio una, conspiratio una, consentientia omnia*. It is not the proper business here, to explain the cause of them; as it would be too long a digression; and belongs to another treatise. It suffices, that the fact is certain; and that it may be regarded as an established principle.

VIII. It is only requisite, therefore, to determine what is the sympathetic part, in which the impressions raise the storm in the hysteric passion; and that must, consequently, be considered as the first cause; or, to employ a proper term, the *focus* of the disorder. But every thing demonstrates it to be the *uterus*.

1°. Because, that it is in the *uterus*, the disorder always begins. The patients feel it dilate, and contract; elongate, and shorten; and shift to the right or left, in the beginning of the fit; or, in a word, be agitated, as with a very considerable peristaltic motion.

2°. Because the hysteric passion happens, most frequently, at the approach, or the end of the *meneses*; and in the suppressions of them, the *lochia*, or the *fluor albus*; which affect the *uterus* alone.

3°. Because the fits of the hysteric passion seldom end but with the discharge from the *vagina*, of an humour, more or less copious, and acrid; and that it is evident, this discharge cannot effect any change, but in the *uterus*.

¹ Lib. *De alimento*.

4°. Because coition, which can certainly act only on the *uterus*, is one of the most certain remedies, to prevent the return of the hysteric passion; and even to cure it intirely, in several cases.

5°. Lastly, because it is certain, from observation made, in opening the dead bodies of women, who had been subject to violent fits of the hysteric passion, there is, generally, some fault in the *ovaria*, the *Fallopian tubes*, or the *uterus* itself.

IX. After having fixed on the part, which is the *focus* of the disorder, there remains nothing more than to determine the nature of the impressions which are made there; and which, by the laws of sympathy, gives the *impetus* to all the different motions, that agitate the body in the fits of this disease. If we were to judge of them only by the effects, we might be led to believe, that this impression should be very violent: but, on one hand, experience proves the contrary; as the patients perceive plainly some sensation, and motion, in the *uterus*; as has been said; but none complain of feeling any acute pain, even in the most violent fits; and, on the other, it sometimes happens, that the *uterus* is extremely painful, as in the inflammations, ulcers, or cancers of it, without any fit of the hysterical passion happening. It must, therefore, be granted, that the sensation, which gives rise to this disorder, is only slight; and a kind of tickling, shaking, or contraction, of some place in the *uterus*, and of the parts which are continuous with, or dependent on it.

X. It would be erroneous to believe, that a slight impression was not capable of exciting all the disorders, that are seen in the hysterical passion. Experience justifies the contrary opinion every day. A drop of water, fallen into the *trachea*, excites a violent cough: the emetic wine, which makes no impression on the tongue, nor on the membrane of the eye, is sufficient, by acting on the stomach, to put all the parts, that concur in producing vomiting, into violent contractions. Moreover, the rays of light, which

which do not affect the *retina*, are capable of causing sneezing, when they act on the pituitary membrane.

XI. A slight impression often produces greater emotions, than those much more strong. It is thus, that vomiting, which is not excited by vinegar, is so by oil or warm water. It is thus, that a slight tickling under the arm-pits, occasions more contorsions than an acute pain. It is thus, that the weak irritation of a little snuff, produces sneezing, which a much stronger fails of effecting in the nose.

XII. After all these illustrations, we may conclude, that the following impressions, when they are made on the *uterus*, may produce the hysteric passion, with all its symptoms; and we may do this with the greater confidence, as we advance nothing, that is not conformable to experience. The following causes should, therefore, be reckoned among those of the hysteric passion.

1°. The too strong beatings of the arteries of the *uterus*; particularly when they are too full of blood: as in the approaches, the cessation, or the suppression of the *menfes*, or *lochia*.

2°. The tension and tumefaction of the lactiferous vessels of the *uterus*, when the *lochia*, and the milky *fluor albus*, are suppressed suddenly, in the time when their discharge is copious.

3°. The *stimulus*, or irritation of an acrid humour, which is discharged into the *uterus*; and collected, in its cavity, in the case of a *fluor albus*, that is serous and acrid; and in that of ulcers of the *uterus*.

4°. The tumefaction, which happens to the *ovaria*, or to the *Fallopian tubes*, in the different diseases, to which those parts are subject¹: as false conceptions, hyda-

¹ The antient physicians had found occasion to observe, that the tumours of the *ovaria*, caused the hysteric passion; but, deceived by the name, which these parts then bore, and by the use which they ascribed to them, they took

these tumours for collections of spermatic humour, corrupted; which leads back these observations to the common class of other causes of the hysteric affection.

hydatids, dropfy, *steatomas*, *schirruſſes*, abſceſſes, &c.

5°. Laſtly, the too lively tickling of the ſpermatic humour, when copious and acrid in women, who have a warm conſtitution; and are obliged to reſtrain themſelves.

XIII. It muſt, nevertheleſs, be confeſſed, that the theory, which has been propoſed, appears to be liable to a great difficulty: which is, that all the cauſes, aſſigned for the hyſteric paſſion, are fixed, and conſtant; and, therefore, incapable of producing motions ſo changeable, and varying, as thoſe which are obſerved in the *paroxyſms* of this diſeaſe.

XIV. But two reflections ſuffice to make this difficulty vaniſh.

The *firſt*, that the cauſes we maintain to be in the *uterus*, may, and muſt often, change place, and ſhift into different points, or places, of it: which ſuffices to change the ſympathetic relation they have. It is thus, that in the ſtomach, the ſame cauſe, when it acts upon the bottom, produces vomitings; and that it produces the hiccup, when it acts upon the ſuperior parts.

The *ſecond*, that the cauſes have not always the ſame degree of power; and that the leaſt variation, in this regard, ſuffices to change the ſympathetic relations. It is thus, that a certain ſenſation in the noſe produces ſneezing; and that a ſtronger does not produce it.

In the explication of the ſymptoms, that belong to the head, other cauſes will be ſhewn, which may render the hyſteric motions variable; and, according to appearances, contribute greatly to them.

Voyez là-deſſus Jean-Nicolas
Binningerus, *Obſervat. Cent. II.*
Obſervat. 90.

Iſbrandrus Diemerbroeck, *A-*
nat. Lib. I. Cap. 23.

André Veſale, *De human. corp.*
fabricâ, Lib. V. Cap. 15.

Lazaré Riviere, *Obſervat. Cen-*
tur. I. Obſervat. 60.

Othon Heurnius, *Hiſtor. 16.*
A la fin des Œuvres de Fernel de
l'édition d'Utrecht, in-4°. en
1656.

XV. The causes, we have established, do not act equally in all women. Experience shews, that they have much more effect.

1°. In lean dry women, of a melancholy, or atrabilious habit. Because in them, all the nerves, and, consequently, those of the *uterus*, are more distended, vibrative, and disposed to receive, vividly, the most slight impressions.

2°. In women of a weak habit, and a cachectic constitution: because, the humours are depraved; and the *uterus* has only a small degree of elasticity: which occasions, that they accumulate more copiously in it; and that those, which do so, are more acrid. On which account, these women are almost always subject to the *fluor albus*.

3°. In women, who heat themselves by much watching; by high-flavoured food; and by the use of coffee, or strong liquors: because, in them the *uterus* is very much heated; and almost in a state of *phlogosis*; which occasions, that the nerves are more stretched; and their sensibility greater.

4°. Lastly, in the women who have a warm constitution; and who excite it still more, by conversation, or reading; or by continually thinking of the object that possesses them; which increases the secretion, and strength of the spermatic humour.

XVI. There remains nothing more than to discover the causes, which bring on hysteric fits: and those which make them go off. In order to this, it is proper to have regard to the two kinds of hysteric passion: that which depends on the collection of depraved humours in the *uterus*, or in the spermatic vessels: and that which depends on the repletion of the blood-vessels in the *uterus*; or in the *ovaria*.

1°. In the first kind, the *paroxysms* only happen, when the vitiated humours are collected in a certain quantity; or have acquired a certain degree of power: and they do not cease, till the humours have been pressed out of the *uterus*; and discharged by the *vagina*: which happens always in this sort of hysteric passion.

2°. In

2°. In the other kind, the *paroxysms* only begin, when the repletion of the blood-vessels are augmented to a certain degree, by the concurrence of several accidental causes; and they cease, only when the reiterated contractions of the *uterus*, during the fit, have sufficiently prest out the stagnated blood: and disgorged the blood-vessels, that were too full.

3°. It follows from hence, that, in the first kind of hysteric passion, the cessation of the *paroxysms* must be brought about more quickly, and perfectly, than in the other, which experience confirms. The *paroxysms* of the first kind end suddenly, and so perfectly: that the patients find themselves at once in a natural state: whereas the others terminate only by degrees; and leave the patients for a long time, in a wavering, and uncertain state.

4°. In both these kinds of hysteric passion, the end of the *paroxysm* is shewn by yawnings, more or less repeated; and more or less great; according as the *paroxysms* themselves are more or less violent. During the continuance of the *paroxysm*, respiration is constrained; and the blood stagnates in the vessels of the lungs. As soon, therefore, as the power of perception begins to return to the patients; the impression of the blood on the lungs must, necessarily, excite yawnings, to extend the pulmonary vessels; and thoroughly to press out the blood; which must be correspondent to the quantity which stagnates; and, consequently, to the duration, and greatness, of the *paroxysm*. It is thus, that in the beginning of intermittent fevers, the patients make pandiculations; that is to say, elongate, and extend themselves, to press out the blood, which the inspissation causes to stagnate in several parts; to which they are mechanically determined by the dull impressions, which the stagnation makes in these parts.

§. III. SYMPTOMS.

The antient physicians all agreed, in being of opinion, that the accidents, which happen in hysterical

women, came from the spermatic humour, corrupted in the *uterus*: from whence vapours arose, that attacked the different parts of the body; and, by their malignity, caused the disorders in them, that appear in these attacks. But every body allows, at present, the falsity of these two suppositions: and we judge there is sufficient reason for substituting, in their place, the second principle of the sympathetic relations, which the *uterus* has, with almost all the parts of the body; and of which the reality is known.

It does not appear, that there are any other means of accounting for the symptoms, which happen in the hysteric passion; and with this we hope to render the whole satisfactory; as will appear below, in the detail of these matters.

There may, perhaps, be some ground of wonder, at the great number of sympathetic relations, which we ascribe to the *uterus*: but it should be considered, that it is the part of the body, which has the most, by the acknowledgment of all physicians; and that, moreover, we do not attribute any to it, that is not to be deduced from the effect itself.

As the number of common symptoms, in the hysteric passion, which are necessary to be explained, is very great, it appears to be expedient, in order to preserve some method in their explanation, to divide it into five articles.

I. The pathognomic symptoms. II. Those which respect the *abdomen*. III. Those which affect the *thorax*. IV. Those which depend on the head. V. Those which are common to all the body.

I. *The four pathognomic symptoms.*

1°. The first impressions, which are made on the *uterus*, or the parts dependent on it, are weak; and only cause a sympathetic reflux of the animal spirits into the muscular fibres of the *uterus* itself, which, by making contractions in some or other of them, produces there different motions. Thus the

uterus

uterus lengthens, or shortens itself; and is drawn to the right, or the left side; according as the circular, or longitudinal, fibres; or those of the right, or the left sides; are thrown into contractions: and sometimes, also, it is rendered closer, and less; when all the fibres are contracted at the same time.

2°. The impressions, increasing in the *uterus*, the sympathetic *reflux*, which is then made, carries the animal spirits into the muscles of the *larynx*, *pharynx*, *os hyoides*, and, sometimes, the tongue, which produces a contraction in those parts, sufficiently strong, to make the patients complain of being choaked; and, sometimes, so great an embarrassment of the tongue, as to hinder them from speaking freely.

3°. A sympathetic *reflux* is, at the same time, made into the muscular fibres of the *diaphragm*: which, by contracting, strongly draws back inwards, all the edges of the false ribs, to which they are fixed. From whence comes the straitening of the *thorax*, which appears, to the patients, to be caused by a circle, that embraces them there.

4°. At the same time, and by the same causes, the muscular fibres of the intestines are contracted also. The contraction of the longitudinal shorten, and gather up the intestines, into a kind of ball: and that of the circular fibres, by contracting them, retain the wind in this ball; which augments its magnitude. This is the only cause of the seeming ball, which rolls in the *abdomen*; and which the antient physicians took, erroneously, for the *uterus* itself; as if its ligations could admit of such motions.

II. *The symptoms, which affect the abdomen.*

1°. As there is almost always, in the hysteric passion, a disorder, or suppression of the *menfes*, it is not extraordinary, that the symptoms, which attend this disorder, should commonly happen in the hysteric affections: such as disgust; depraved likings, known under the name of *pia* and *malacia*; bad digestion;

belchings; creepings, or murmurings in the belly; &c: but it does not seem necessary to dwell here on the particular explanation of them. What has been said in *Book I. Chap. IV, and VIII*, in speaking of the suppression of the *menfes*, and of the *chlorosis*, may be recurred to.

2°. The costiveness, which happens to hysterical women, may come from the bad digestion: but it is certain, that such as happen in the fit itself, arises from the constriction of the *rectum*; and especially of the *sphincter* of the *anus*; produced by a sympathetic *reflux*, which is made in the *uterus*.

3°. It is to a similar cause, the suppression of urine, during the fit, must be ascribed. It arises only from the spasmodic constriction of the *sphincter* of the bladder, caused by the sympathetic *reflux*; which is then made there.

4°. At the end of almost all the fits, there flows from the *uterus*, a lymphous humour, that is mucous; and, sometimes, white, grey, or bloody. The convulsive constriction of the *uterus*, presses out this humour from the lactiferous vessels, or mucous glands, with which the interior surface of the *uterus* is disseminated; or from the *lacunæ*, which are there in great number. It is white, when it comes from the lactiferous vessels; grey, when from the mucous glands, or the *lacunæ*; and bloody, when the irregular contractions of the *uterus* burst in it some small capillary vessels; or press out some drops of blood from the extremities of the venous *appendices*.

5°. During the fits, the little urine the patients make is clear as water: because the texture of the kidneys, which is made closer, and drawn together, only suffers the most thin and serous parts of the blood to pass the secretory ducts of the urine.

6°. But at the end of the fits, the patients make urine more copiously: because the texture of the kidneys, which is not any longer drawn together, suffers it to pass more copiously; and it comes out more freely from the bladder, as its *sphincter* is not any

any longer contracted. It is thicker; and, sometimes, turbid: either because the kidneys let grosser parts pass; or, because the mucous humour, which flows from the *uterus*, at the end of the fit, mixes with the urine, when it comes out of the bladder.

7°. The *nauseas*, vomitings, and hiccup, which often happen in the hysteric passion, may, sometimes, come from the mass of excrement, which the bad digestion leaves in the stomach; and which, when it irritates the bottom of the superior orifice, occasions these motions: but they arise more frequently from the sympathetic *influx*, that the impressions, which are made in the *uterus*, produce in the several muscles, that perform those motions.

III. *The symptoms which affect the thorax.*

1°. The suffocation is a necessary consequence of a spasmodic contraction of the *larynx*; which hinders the entrance of the air; and of the spasmodic contraction of the *diaphragm*; which prevents the dilatation of the *thorax*: and as these two causes are very variable, it results, that the suffocation varies also. Sometimes it is continual; and sometimes only happens by intervals: sometimes, the respiration, although constrained, is made without noise; and, sometimes, it is performed with a whistling sound.

2°. The palpitation of the heart depends on the irregular contraction of its muscular fibres; and this is the consequence of the irregularity of the sympathetic *reflux*, that the impressions, made in the *uterus*, cause. From whence arise all those variations, which happen in the motion of the heart, and the arteries, in the fits of the hysteric passion: where the pulse is sometimes strong, and sometimes weak: sometimes slow, and sometimes hurried: sometimes frequent, and sometimes rare: but almost always hard, and close; because of the contractions of the coats of the arteries, occasioned by the sympathetic *reflux*, which comes from the *uterus*.

3°. It happens, that the pulse is intermittent, when the motion of the heart is so itself: and the motion of the heart is intermittent, whenever the sympathetic *refluxes* of the *uterus* keep, by intervals, the fibres of the heart in a state of contraction, which stops its motion, or renders it imperceptible.

4°. Often in great fits of the hysteric passion, neither the motion of the heart, nor that of respiration, are perceptible. It is not, however, because they cease intirely, as Galen believed; for that would amount to death: but because they are performed so weakly, on account of the tonic contraction of the fibres of the heart, and the muscles of the *larynx*, and *diaphragm*, that they cannot be perceived. Nevertheless, however weakly they are performed in these cases, it is, in a degree, sufficient to support a slow circulation of the blood in the lungs, and the rest of the body: such as is necessary to preserve life.

IV. *The symptoms which depend on the head.*

The explanation of the symptoms, which belong to this article, suppose many new sympathetic relations of the *uterus*: and I question, whether they can be explained by any other means. It must be supposed, that the *dura mater* is capable of a sympathetic contraction, in consequence of impressions, that are made in the *uterus*. That this contraction is not uniform in all the points of the *dura mater*: but that it varies, and irregularly. That by contracting the *dura mater*, on one hand, it draws together the substance of the brain; and, by that means, propels the animal spirits, which are there, into the neighbouring nerves: and, on the other, it distends the fibres. That the spirits, propelled into the nerves, cause convulsions in the parts, where the nerves end. That the fibres of the brain, being distended, are, consequently, not in a state to be put in motion; nor to receive the impressions, that the external organs of sense transmit to them; which produces the loss of perception and sense. That, at the same time, the

distended

distended fibres lose their tone; and several, which were concords, become discords: and others become concords, from being discords: which perverts the judgment, that is made on several matters; and causes many fits of *delirium*.

It might be advantageous, for the illustration of the matter we are treating of, to make a particular discussion here of each of these suppositions: but this discussion would be prolix; and lead astray from the proper subject of this treatise. It suffices, that there are not any of these suppositions, that are not within the limits of possibility, or even probability; and may not, therefore, be admitted. I hope to prove the reality of these suppositions; or, at least, the necessity of admitting them in a work, I think of giving the public, *sur l'animastique*; that is to say, “on the mechanism of the functions of the soul, as far as they depend on the body.” As to the present, I beg that these suppositions may be allowed, as so many *postulata*, by which the explanation of the symptoms, that affect the head in the hysteric passion, will be made without any difficulty.

1°. At first, the patients lose, from time to time, perception and sense: which returns more or less often; continues a longer or shorter time; and is more or less violent; according to the circumstances. Sometimes, when the patients appear to be deprived of sense, they are still able to hear, and even see, without being able to speak; or to express themselves by signs. But, at last, if the fit grows more strong, sense and perception are lost intirely; and the patients fall into a kind of profound sleep.

In a disease, where there is not any disorder in the brain, this can only proceed from a sympathetic *influx* of the *uterus*, which puts the *dura mater* in a state of contraction. The *dura mater*, thus contracted, presses the brain; distends the fibres; and renders them incapable of being set in motion, either by the spirits in the brain; or by those, which flow back from the exterior organs of the senses.

Sometimes all the brain is equally comprest by the *dura mater*; and then the loss of sense is *total*: and, sometimes, the compression is *partial*; and does not bear upon the optic, or acoustic nerves; and then the patients are in a state of hearing, and seeing, confusedly, without being able to make it known, during the fit.

These accidents return more or less often; continue more or less long; and are more or less violent; according as the sympathetic contraction of the *dura mater* is repeated, more or less often; and as it is more or less long; and more or less great.

Moreover, these accidents lead to the absolute and total loss of sense and perception, when the contraction of the *dura mater* becomes general; and great: which continues till, the *dura mater* coming to relax suddenly, sense and perception are found to return at the same instant.

2°. In this state, the patients fall often into a *delirium*, more or less violent; and more or less universal. This proceeds, from that the fibres of the brain, being distended, change their tone, with relation to each other: which produces, amongst them, concords, and discords, that are new, and irregular; and, consequently, absurd judgments; or, in one word, a true *delirium*, more or less great, and more or less universal, according as the alteration of the fibres is more or less great, or more or less universal; and the agitation of the animal spirits in the brain, more or less violent.

3°. It often happens then, that the patients are in a state of tonic convulsion, known under the name of *tetanos*; the body stiff; the eyes fixed; and the members immoveable: which can only come from the *influx* of spirits propelled constantly into the same muscles, by the sympathetic *reflux* of the *uterus*; or by the tonic contraction of the *dura mater*.

4°. At other times, the patients are agitated with very brisk convulsive motions; they bend the body, sometimes forwards, and sometimes backwards; and

these

these kind of convulsions are called *emprostotonos*, or *opisthotonos*: they move the head in different directions: shake the legs, and the arms: and make the most piercing cries; which are the consequence of the convulsive motions of the muscles for expiration. It is evident, that these motions can be thus varied, only because the *influx* of animal spirits, which produce them, are themselves varied. But this variation of the *influx* of animal spirits, can only proceed from *three* causes; from the variation, that happens with relation to the degree; or the place of the impressions, which are made in the *uterus*; from that, which happens in the contraction of the *dura mater*, with relation to these different parts; or, lastly, from that, which happens from the beating of the arteries in the different parts of the brain.

5°. In the fits of the hysteric passion, the patients, sometimes, burst into tears suddenly, without any reason: and, sometimes, on the contrary, laugh with yet less reason; and sometimes, moreover, in the same fit, laughing succeeds crying, or crying laughing, so as even to surprize those, who are not accustomed to such scenes.

It is certain, that as these motions are neither free, nor intended, it must, therefore, be granted, that they are convulsive; and what has been said before, leaves no room to doubt, but that they depend on the sympathetic relations, there are betwixt the *uterus*, and the organs which perform them. Sometimes the membranes, which cover the lachrymal glands, and the tendinous strings that go cross, are convulsively drawn together; and the tears, being then strongly pressed out, overflow the eyes: at the same time, the other parts, of which the motions accompany the tears, are thrown into contractions by the same cause. Sometimes the zygomatic muscles, and the others appropriated to express the action of laughter, are agitated with convulsive motions: and then the patients laugh with their mouths wide open. Sometimes, moreover, these motions are repeated alternately; and then the

tears succeed to laughing; and the laughing to tears; in proportion as the impressions, which are made in the *uterus*, vary with relation to the degree of power, or the seat they possess.

6°. Lastly, hysterical women are often subject, in the fit, to an acute pain, in some exterior part of the head; as the forehead; the temples; and, particularly, the back part. According as this pain is more or less extensive, it bears the name of *ovum hystericum*, or of *clavis hystericus*.

It is not to be doubted, but that these accidents depend on the convulsive drawing together of the *pericranium* in the place affected: and that this drawing together proceeds from a sympathetic relation of that place with the *uterus*. It is, for this reason, the pain begins, and ceases, when the attack is correspondent to the violence of it.

V. *The symptoms which are common to all the body.*

The explanation, which has been given of the last symptoms of the preceding article, shews, that the sympathetic relations of the *uterus* may be extended to all the tendinous fibres; and cause in them spasmodic contractions, capable of producing divers effects, according to the nature of the parts. The explanation, which is going to be given of the symptoms that appear in the habit of body, will tend to set the same truth in a full light.

1°. In the hysteric passion, the patients feel a burning, which ascends to the face and head; become red all of a sudden; and complain of a heat, which brings on sweating; and obliges them to uncover themselves; and, a moment after, paleness, cold, and a slight perception of shivering, succeed to the first state: and the whole of this is repeated several times in an hour.

It is extremely plain, that the first state proceeds from the convulsive drawing together of the coats of the veins, that return from the outside of the head, which obstructs the blood there; and produces the
red-

redness, heat, and sweat, in the parts where the blood is obstructed: that the second comes from a similar drawing together of the coats of the arteries, that distribute the blood to the same parts: which hinders it from passing thither; and gives rise to the paleness, coldness, and sense of shivering, which come on: and, lastly, that these two states succeed alternately, according as the variations, which happen to the sympathetic relations of the *uterus*, carry the animal spirits, sometimes, into the coats of veins; and, sometimes, into those of the *uterus*.

2°. It often happens in the hysterical fits, that the pulse ceases almost intirely in one arm, which becomes cold and numb, with a paleness of the hand; and, particularly, the nails, which alarms the patients, and makes them say, that their arm is dead. Sometimes, after every thing is restored, in this arm, to its natural state; the same accident attacks the other arm: and I have seen it happen to only one or two fingers of the hand. The patients call these appearances *palsies*: but these pretended palsies, are only momentary; and never perfect. For the power of motion subsists, as well as the feeling, though somewhat benumbed.

It is evident, that all these accidents proceed only from the convulsive drawing together of the coat of the brachial artery: which, by straitning its cavity, diminishes the quantity of blood that ought to distribute itself in the arm. From whence arise the diminution, and even the apparent interruption of the pulse, the numbness, and the coldness of the arm, and the paleness of the hand, and the nails. This drawing together ceases soon in the arm affected; and passes, sometimes, to the other, where it produces the same accidents; which often vary repeatedly, according as the impressions, which are made on the *uterus*, and are the occasional causes themselves of these drawings together, vary.

§. IV. DIAGNOSTIC.

I. The hysteric passion, of the first and the second degrees, is not difficult to be distinguished. Commonly, before a physician is called, several fits have preceded, which have already informed the patient herself. In all cases, the disorder is easily distinguished by the nature of its returns, which are all alike: and, yet better, by the four pathognomic symptoms: the agitation of the *uterus*; the choaking in the throat; the contraction of the *thorax*; and the rolling ball on the *abdomen*; which shew themselves in all these fits, though not all of them constantly in the same degree.

It is, nevertheless, necessary to take care not to give way to the notions of the patients, who are apt to give the name of *hysterical vapours* to all the pain, uneasiness, and dejection of mind, which they have: to all the accidents of bad digestion, which happens to them: to all the bad digestions they procure themselves: and to all the faintnesses, into which they fall in languishing, or consumptive, diseases. Particular attention must be given, not to confound the hysteric vapours with the hypochondriac vapours, which are common to women and men; and in which these symptoms do not appear.

The disease once known, it must be endeavoured to judge of the cause, that affects the *uterus*, and gives rise to the disorder: which, as will be shewn, is material both for the prognostic and the cure. If the fits go off soon, and perfectly; and with a discharge of some glutinous humour, or the eruption of the *menfes*; and if the intervals betwixt one fit and another, are short, and without any cloud of vapours; there is reason to conjecture, that the disorder proceeds only from the spermatic humours, too long retained; from some acrid humour, which stagnates in the *uterus*; or from the retention of the *menfes*. But it should be suspected, on the contrary, that there is some fixt and permanent fault in the *ovaria*, the Fallopian tubes, or the body of the *uterus*, which causes the

the disorder, when the fits are repugnant to ending; when they go away without any discharge, or eruption of the *menfes*; and when the vaporous motions continue from one fit to the other; and are almost always continual.

As to the degree of the disorder, it is easy to judge of it, by the frequency and the duration of the fits; and by the number, and the violence of the accidents, which accompany them, and of which it is easy to have the inspection.

II. The greatest difficulty of the diagnostic regards the hysteric passion of the third degree, when the patients, without sense, perception, and feeling; and, what is still more alarming, respiration, and pulse; keep every body in suspense, perplexed in the determination, whether the disorder be a simple fit of the hysterical vapours; or a *syncope*, apoplexy, a fit of epilepsy, or even death itself.

In such a situation, there are two observations to be made, which may give some light, in order to the decision. The *first*, that a fit of this violence, supposing it to be hysterical, must be preceded by several other fits, which may already have given insight into the nature of the disease. The *second*, that this fit, if it be hysterical, must have commenced by the four pathognomic symptoms of the hysteric vapours. These two observations, therefore, particularly when they are united, serve to establish the judgment, that should be made.

It is, nevertheless, proper to take into consideration the other signs, which may serve as a diagnostic in this case.

1°. The hysteric vapours may be distinguished from a *syncope*, on account, that, in the hysteric passion, the cessation of the pulse is greater than in the *syncope*. There is no *syncope*, unless such as is ready to terminate in death, where the pulsations of the heart disappear so intirely, as in the hysteric vapours in question, and with which the *syncope* may be confounded.

On account, that the cessation of the pulse continues longer in the hysteric vapours, than in the *syncope*. There is no *syncope* which lasts above an hour; and it is common to see the hysteric vapours of the third kind, that may be confounded with the *syncope*, endure whole days.

On account, that in the *syncope*, there is no motion perceived in the *abdomen*: whereas, in the hysteric vapours, unless they be excessive, some is commonly felt, particularly about the region of the *uterus*: which may be yet better known by examining the *vagina*.

2°. The hysteric vapours of the third kind may be yet more easily distinguished from an apoplexy; on account, that the apoplexy is not preceded by the symptoms, proper to the hysteric vapours; and which foretel the fit.

On account, that in the fits of apoplexy, the pulse, and the respiration, do not cease: whereas they cease, or appear sensibly to do so, in the hysteric vapours of the third kind.

On account, that in the fits of an apoplexy, there are no convulsive agitations, neither in the *abdomen*, nor the *uterus*: whereas, in the fits of the hysteric passion of the third kind, there are always such; unless when they go to the greatest degree.

3°. The hysteric vapours of the third kind are to be distinguished from an epilepsy, nearly by the same criterions: on account, that the fits of the hysteric vapours begin by the signs that are proper to them, which are not the same in the epilepsy.

On account, that the respiration, and the pulse, cease in the hysteric vapours; and do not cease in the epilepsy.

On account, that there is in the hysteric vapours, even to the last period, convulsive motions in the *abdomen*; and, particularly, in the *uterus*: which never happen in the epilepsy.

Lastly, on account, that in the epilepsy, the patients foam at the mouth, which does not happen in the hysteric fits, however violent they may be: because,

cause, in them, the respiration not being performed, or but weakly, the air expired cannot be beaten with the *saliva*, and raised into foam; as happens in the epilepsy, where the respiration is made with force, and by repeated efforts.

It is, nevertheless, proper to intimate, that some physicians have been pleased to give the name of *uterine epilepsy*, or *hysteric epilepsy*, to the fits of the hysteric vapours; where the patients, being deprived of sense, are agitated by different convulsive motions: and this denomination, although improper, may be allowed, provided it be remembered, that this, at most, is only a sympathetic epilepsy; and cannot, with strict propriety, be called a *true epilepsy*.

4°. Sometimes the violence of the hysteric fits rise to such a height, that all the functions cease intirely, or appear to do so. In this case, it is not from apoplexy, or epilepsy, that the disorder must be distinguished, but from death itself; to which it has so much resemblance, that, if several accounts may be believed, intelligent persons have been deceived in it: and women have been buried as dead, who were not so. In such cases, it must be endeavoured to discover, if no motion of respiration remain still in the body; for if any do remain, however little it may be, it is still a proof of life.

In order to this, some bits of cotton-lint are to be put upon the lips, to see if the breath move it. A looking-glass is to be placed before the mouth, to see if it be not sullied by the respiration. A glass of water is set on the breast, that the motion of the ribs, if there be ever so little, may shake it.

Even these signs are not to be wholly depended on. It is to be examined, whether the members be flexible; which, if so, decides, that there is life. The eyes are to be opened, to see if the pupil be not covered with a kind of skin, that renders it dull. There is still more to be done: the patient's heel is to be burnt with a red-hot iron, to see if the acuteness of the pain will cause her to make some motion.

Lastly,

Lastly, a blistering plaster, well charged with *cantharides*, is to be applied to the thighs, or to the calf of the leg. If vesicles are formed under it, a conclusion is made, that the patient is still alive: and if none be formed, there will be great reason to fear she is dead. But if all these signs agree to evince death to be the case, it is not still proper to hurry the burial of the bodies; but to persist in keeping them till they begin to stink; and give certain marks of putrefaction; in order to avoid the reproach of having, by too much precipitation, buried a person alive.

§. V. PROGNOSTIC.

The prognostic of the hysteric passion turns upon two points: whether the disorder be curable? and whether it be dangerous?

I. As to the *first* point, it is proper, in order to decide it, to make some distinctions.

1°. It is easily cured, when it proceeds from the effects, or disorder, of the *menfes*, or *lochia*; or from the retention of spermatic humour, that is too acrid.

2°. It is difficultly cured, when it depends on a constant *fluor albus*, that irritates the interior part of the *uterus*: and of which the discharge is difficult to be stopt, and subject to returns.

3°. It is not to be cured at all, when it is owing to any tumour, or fault, in one of the *ovaria*, or the Fallopian tubes; or to any ulcerous erosion in the *uterus*.

4°. It is scarcely ever cured in old women, that are cachectic, and of a bad constitution: and in whom, the disorder they may have in the *uterus*, is supported by the depravity of blood, or lymph.

5°. In general, this disease should be reckoned among those which are obstinate, and difficult to be cured; and which the least accident renews, at the time that there is a flattering appearance, the cure is completed.

II. As to the *second* point, the danger of the particular fits must be distinguished, from the danger of the disease itself, ultimately.

1°. There

1°. There is nothing to be feared from any fit, in which the respiration, and the beating of the heart, subsist, although weakly, and irregularly. The danger can, therefore, extend only to those fits, where these two functions cease to be sensibly performed, although the patients often recover from them: yet accounts inform us, nevertheless, that they, sometimes, sink under them, when, at length, the respiration, and the beating of the heart, cease intirely; and the *syncope* becomes mortal.

2°. With relation to the disease itself, however obstinate it may be, it is not commonly dangerous, when it depends on the suppression, or disorder, of the *menfes*, or *lechia*; or on the retention of the spermatic humour.

But it is so, when owing to the acrimony of a constant *fluor albus*, which irritates, stimulates, and corrodes, the interior surface of the *uterus*: and, in this case, the disorder degenerates often into an ulcer of the *uterus*, simple, or carcinomatous. It is dangerous, in the same manner, when it is owing to any tumour, abscess, or dropy, in the *ovaria*, or the Fallopian tubes: and then it commonly leads to an abscess, or dropy of the *abdomen*; or terminates by a slow fever, *marasmus*, and consumption.

§. VI. *Method of cure.*

The hysteric passion may be the subject of treatment in two states: either in the *paroxysm*; and then it is proper to confine the view, to moderating the violence, and shortening the duration: or out of the *paroxysm*; and then it is proper to endeavour to prevent returns; and, consequently, to combat the cause of the disorder, as far as may be practicable.

But these two kinds of treatment being very different, as well with relation to the object proposed, as the means to be employed, it is proper to explain them in two separate articles: to which we shall add a third, to display the remedies, that are boasted as specifics in this disorder.

The treatment proper in the paroxysm.

To effect the intentions of cure, that must be proposed in the *paroxysm*, it is necessary to employ three sorts of remedies. 1°. Remedies proper to relax, and render more loose, the different parts, which are in a state of convulsion, or *erethismus*. 2°. To facilitate, by proper medicines, the circulation of the blood, which is diminished, or intercepted in different places, by the convulsions, or the *erethismi*. 3°. To excite, by proper remedies, strong sensations in the exterior organs; and, consequently, to produce rapid *reflexes* towards the brain, capable of counteracting, and overcoming the sympathetic *refluxes*, made in the *uterus*; and which cause the accidents of the vapours.

In the effecting these intentions, it is not the want of remedies, that gives embarrassment: as authors have indeed proposed and recommended a too great multiplicity; but the making a due choice amongst them; as they have many, that are useless, frivolous, and superstitious: which it is proper to be able to distinguish. These are, in general, the principal articles, on which the treatment, that is to be followed in the time of the *paroxysms*, turns; and by which the intentions, that arise from the nature of the disorder, may be fulfilled.

I. If the fit be slight, and the patients retain the power of judging, they may be left at liberty to chuse what posture is most agreeable to them: but if they lose their reason, they should be laid on a bed, or a couch, with their head a little raised; the strings of their petticoats untied; their stays unlaced; and nothing left, which can bind or constrain them. Even their necklace, or any other kind of collar, should be taken off, that it may not hurt them, when the neck comes to swell.

II. It is right to give way to the prejudice of women, and suffer them to rub the patient's thighs from top to bottom. Sometimes there is even a necessity to let them apply dry cupping-glasses, when the *paroxysm*

roxyfm is very long; but no ligatures should be suffered to be made on the limbs, as was formerly practised; according to the error which prevailed, that it would prevent a malignant humour from ascending to the head.

III. In order to stimulate the patient, stinking things, charged with volatile salt; and, therefore, proper to make a strong impression on the pituitary membrane: such as a piece of a deep blue ribband; partridges feathers; and amber, or jet; burnt under the patient's nose; bruised leaves of rue, tanfy; or, what is yet more efficacious, a little ball, composed of equal parts of *assa fœtida*, castor, and sagapenum; are held under the nose.

IV. Means must be tried to make the patient sneeze; and, in order to this, the fumes of tobacco are snuffed up the nose; or tobacco in powder, mixt with the flower of lily of the valley powdered; or, what is much stronger, a powder composed of mustard, pellitory of Spain, and castor, in any proportion that is liked. Sometimes the inside of the nostrils is rubbed with a feather, dipt in the oil of amber.

V. To endeavour to stimulate the patient more strongly, she should be loudly called by her name; shaken briskly; her fingers squeezed; and her hair, even that of the part, pulled; &c.

VI. Glysters, of different kinds, are to be administered: at first, such as are purgative, with the decoction of the leaves of motherwort, and mugwort; or three or four drams of *kiera picra* are diluted; and an ounce, or an ounce and half, of turbid emetic wine, added to it.

When this first glyster has emptied the *primæ viæ*, recourse is had to the use of others, purely hysteric, with the decoction

Of the leaves of mugwort,	} each one handful.
motherwort,	
pennyroyal,	
rue,	

Seeds of chervil,	}	one or two drams.
cummin,		
Berries of the bay tree,		
Fruit of birthwort,		

Two or three of these simples are to be chosen, at discretion, for the decoction; and there is added to them, of oil of rue, two ounces; of galbanum, or *assa fetida* in powder, each one dram; or a dram and half of either.

Sometimes it is much better to use glysters more simple, made with half a pint of red wine; and two or three ounces of oil of rue; or even with oxycrat, intirely pure, or weakened with water. But it must be observed, that it is often very difficult to employ glysters of any kind in hysteric fits, however much they may be indicated: because the bowels, which are then in a spasmodic contraction, resist them absolutely.

VII. There are commonly employed on the navel, plasters made with galbanum alone; or galbanum, and *assa fetida*; or with the gums *caranna* and *tacamahac*; which are softened with oil of amber, or with tincture of castor.

The greatest part of the women, accustomed to the treatment of these fits, anoint the navel with three or four grains of musk; or camphor, diluted in a little oil of sweet almonds; or even simply, with a little oil of amber, or jet; and apply, over it, some of the plasters, that have been mentioned.

In Languedoc, and the neighbouring provinces, the women, in low life, never fail to rub garlic on the inside of a little stone dish, which they apply, afterwards, on the navel of the hysterical women; where it adheres strongly, as soon as the garlic begins to grow warm.

It is possible, that the most fine parts of these remedies penetrate into the blood, by the pores of the skin, and exert their action immediately upon it: but I am of opinion, that their effect proceeds chiefly from the impression they make on the organ of smell of the patients. However it may be, as the

II women

women lay great stress on these little practices, which cannot indeed do any harm, they should not be hindered from them.

VIII. After all, the most efficacious remedies are hysteric bolusses, or potions; which are prepared in the following manner, by chusing out of the large number of remedies, that are proposed below, those to which it seems most advantageous to give the preference.

These are the waters, the most recommended for hysteric vapours,

Simple or compound balm,

Carduus benedictus,

Motherwort,

Mugwort,

Peiony,

Of the three nuts,

Black cherry,

Flowers of the lime tree,

Orange flower,

which may be employed, each in the quantity of one, two, or three ounces, according to the number that are chosen.

Several powders are added; as those of

Gutteta,

Wild valerian root,

Male peiony root,

Flowers of the lime tree,

Castor,

Assa fatida, &c.

from seven or eight grains, to fifteen or twenty; according to the greater or less number of the powders, that are ordered.

Diluted electaries; as the

Theriaca,

Confectio-hyacinthi,

Confectio alkermes, from half a dram to a dram.

To which are added some tinctures; as those of

Myrrh, } From ten drops, to twenty, or twenty-

Castor, } five.

Anodyne, from twenty to thirty drops.

But to fix this quantity in a safe manner, it is necessary to be regulated by the proportion of the *theriaca*, that may be prescribed.

Afterwards some hysterical syrup is added; as those of

Mugwort,

Motherwort,

Peiony; in the quantity of, from one ounce to an ounce and half.

Antihysterical potions, more or less strong, are composed of the drugs; of which a spoonful is given from half hour to half hour: but these should be first common spoonfuls; and, at last, only tea-spoonfuls.

IX. Bolusses, or opiates, are composed with the same drugs. They may be rendered stronger, by choosing the most efficacious among the drugs; or by prescribing them in a greater quantity, which should be regulated by the degree of violence of the fit. These bolusses are repeated from half hour to half hour, if the disorder demand it; and the first doses should be larger than those given afterwards.

Though these bolusses are composed of the same drugs, as the potions, they are more rarely employed; as well because it is difficult to make the patient, whose throat is contracted, swallow them: as because it is necessary they should be dissolved in the stomach; in order to their acting: and, therefore, their effect is more slow, than that of the potions: but these two inconveniencies are remedied, by dissolving them in some hysteric water; and giving them, by spoonfuls, as potions.

X. Among the different antihysterical bolusses, which may be employed, the two following are particularly recommended. The *first* is composed of two scruple of common sulphur, and one dram of nutmeg; both powdered, and incorporated with the syrup of mugwort. The *second*, which is the more efficacious, is made with castor, and *assa fetida*; each in the quantity of half a dram: to which is added a grain and a half or two grains, of laudanum. Both these bolusses are

to be divided into two equal parts; and given from half hour to half hour; or from hour to hour; according as the disorder urges.

There is a very simple mixture, or potion, recommended as highly efficacious: which is made, by putting into three or four ounces of water of mugwort, or motherwort, three or four drops of oil of amber; and as much oil of jet; and making the patient take the whole at one, or several times. These remedies will be rendered much more efficacious, if there be added to them twenty, or twenty-five, drops of anodyne tincture.

XI. If the hysteric fit be violent, or resist the remedies that have been proposed, it is proper, without hesitation, to bleed the patient in the arm, or the foot; and, preferably, in the latter: even repeating it, if there be occasion, without having apprehensions, on account of the state of the pulse, which is only small, and weak, in this case; because the circulation of the blood is retarded. The patient should even be vomited, by giving all at once, three or four grains of soluble stibiated tartar, in two or three ounces of distilled water of *carduus benedictus*, to excite a concussion, supposing the known state of the *thorax* permit it. In all cases, the same dose of stibiated soluble tartar should be given, in a greater quantity of water; which should be taken glass by glass, as mineral-waters.

XII. It is a common practice, to put some musk, or civet, into the *vagina*, to procure a discharge of lymphatic humour, with which the *uterus* is deluged: but religion forbids to excite pollutions. It is true, the women, who are with the patients, save the physician the trouble of forbidding them. For it is with that they begin; and they even repeat it several times, whatever he may say.

Treatment out of the paroxysms.

When the *paroxysm* is over, there is nothing more to be done, than to prevent the returns: and, to that

end, it is proper to endeavour to distinguish what is the antecedent cause, in order to overcome it the most effectually, that can be, by suitable remedies.

I. If the disorder come from the suppression, or the retention of the *menses*, *lockia*, or *fluor albus*, it is proper to employ emmenagogues, and the other remedies, which are proposed above for this disease.

II. If the acrimony of the *fluor albus* give rise to it, recourse should be had to the diluents, attemperants, and sweetners; which have been above prescribed for the *fluor albus* of this nature.

III. If it be to the acrimony, and copiousness of the seminal humour, that there is reason to attribute the disorder, the common aids should be called in for a remedy to it; of which the most certain, and, perhaps, the only one, is coition. In all cases, the *antipbrodisias*, which are proper in the *furor uterinus*, should be employed.

IV. Lastly, if there be any tumour, or obstruction, in the *uterus*, *ovaria*, Fallopian tubes, or the neighbouring parts, it should be endeavoured to resolve them, by the use of aperitives; or to retard their progress, by the use of the remedies, which are pointed out in speaking of these diseases.

In general, the treatment, which is proper to cure radically the hysteric vapours, without entering into the particulars of the antecedent causes, which produced them, consists in the use,

1°. Of moderate martial aperitives; as

The martial soluble tartar,

Riviere's salt of steel,

Aperitive saffron of Mars,

Martial Æthiops,

The tincture of steel, from two drams to four.

2°. Of gentle aperitive mercurials, which purge weakly, or not at all; as

Æthiops mineral, with common sulphur, made by deflagration, or trituration.

Æthiops mineral, made by trituration with sugar.

Asa fetida,

Castor,

Castor,
Myrrh, &c.

each in the dose of, from fifteen to thirty grains.

3°. Antihysterical resins; such as

Castor,
Myrrh,
Gum Ammoniac,
Galbanum,

which may be given alone, in the quantity of, from eight to twelve grains; or, of which bolusses and opiates may be made, by mixing them with the aperitives before proposed.

4°. Of diluents and humectants, to attemper the blood, and moderate the heat: which the use of antihysterics excites there; such are

Warm baths,
Half baths,
Cooling apozems, or broths,
Chalybeate and acidulated mineral waters,
Whey simply, or chalybeated,
Asses milk.

5°. Of slight purgatives, but often repeated; which should be taken from among the bitter kind; as

Rhubarb,
The infusion, or syrup of peach flowers,
The compound syrup of succory;

or they may be rendered bitter, by infusing in them the tops of

Wormwood,
Centory,
Birthwort.

6°. Of narcotics, properly employed, as soon as any sensation in the *uterus*, or motion of the nerves, which may give apprehensions of a fit, is perceived. The following may be employed at discretion,

Laudanum in substance, in the dose of one grain.
The anodyne tincture, in the dose of twenty drops.
The pills of hounds tongue, in the dose of four grains.

Starkey's pills, in the dose of, from four to eight grains.

Common *theriaca*, in the dose of half a dram.

The celestial *theriaca*, in the dose of, from seven to ten grains.

7°. Lastly, of a regular regimen, as well with respect to the quantity, as the quality of the food, to which it is often very difficult to confine the women, who are very wilful: but it is proper, nevertheless, to direct it as very necessary for the cure.

It sometimes happens, that pregnant women have fits of the hysteric vapours; and such as are very brisk. In this case, there is a necessity to administer the remedies, which have been proposed, either in the *paroxysms*, or out of them: but circumspection must be observed, for fear of hurting the child: and the more active remedies should not be admitted a place, unless when the violence of the disorder demands it; and that those, which are more gentle, have been vainly employed.

Of the remedies recommended as specific in the hysteric vapours.

Among the several remedies, we shall enumerate those only here, that are confirmed by accounts, which may be depended on; or supported by the authority of some physician of credit.

I. In the first rank of these remedies, may be placed musk, taken internally, from eight grains to twelve, or even more, either in a bolus, or diluted in some suitable vehicle.

Horatius Eugenius¹ mixt it in the quantity of five grains, with cinnamon, cloves, and nutmegs, powdered, in the quantity of a scruple of each; and gave them together, diluted with wine. He assures us, that this remedy always succeeded well.

¹ *Lib. XII. Epist. 7.*

Reinerus ¹ Solenander relates, with such an appearance of truth, as demands credit, that, after having employed all the common remedies in vain, for a woman violently attacked with hysteric fits, an old woman cured her almost instantly, by giving her thirteen grains of musk, and as much dragons blood, pounded together; and diluted in four ounces of orange flower water.

Gregory ² Horstius says, that he alleviated the accidents of the hysteric passion, by giving the patient musk, and amber.

Lazarus Riviere, not only recommended the medicine of Solenander ³ in his practice; but he notes, also, in his observations ⁴, that he had used it with much success.

I have employed the same medicine in the hysteric vapours, and have reason to speak well of it. It appears to me, that the effect, which it produced, depended on its narcotic virtue.

II. An elk's hoof, *ungula alces*, rasped, and given in a proper vehicle, in the dose of a scruple, or half a dram.

This powder is recommended for the epilepsy; but it does not answer to the hopes, which are given of it. Apollonius Menabenus ⁵ has taken occasion to recommend it for the hysteric passion; which, as it is well known, has much relation to the epilepsy. He even cites a favourable observation; but he much diminishes the confidence, that might be had in him, when he subjoins, that a bit of elk's hoof, worn in the neck by the patients, hinders hysteric fits.

III. The *julus* of the walnut-tree, dried, and reduced to powder, given in the dose of two scruples, after having added two drops of oil of amber.

Thomas Moufetus ⁶ boasts this remedy as excellent; and among the most efficacious he had

¹ Sect. IV. Consil. 15.

² Lib. V. De Morbis Mulier.

³ Lib. XV. Cap. 6.

⁴ Cent. I. Obferm. 65.

⁵ Tractat. De Alce. Cap. 10.

⁶ In epistola ad Petr. Monacium.

tried in this disorder: but there is great appearance, that if any effect be produced by the medicine, it must be attributed to the two drops of oil of amber.

IV. Fumigations with the powder of warts, that come on the legs of horses. They are dried, reduced to powder, thrown, by small pinches, on burning coals, and the fumes, which rise from them, conveyed to the nose of the patient.

Aubertus Bottonus¹ pretends, that it is an admirable remedy, which immediately brings hysterical women to themselves, that are thought to be dead. Nothing forbids its being tried; and I wish, when it is, it may be found as efficacious, as this physician has declared it to be.

V. *Oxycrætium*, or vinegar mixt with water, given as a glyster, in the quantity of a pound; or taken by the mouth, in the quantity of a glass of five or six ounces. Riviere praises this remedy extremely, not only in his practice², but also in his observations³.

VI. The seed of dwarf-elder, dried, and powdered; taken in the quantity of a dram, diluted in half a glass of wine; or, in default of this remedy, shining foot powdered; and swallowed, in the same quantity, in the yolk of an egg, boiled in the shell. Riviere⁴ proposes these two remedies; and assures us, that they prevent the returns of the hysteric *paroxysms*. I shall be glad, if any body else finds the same success.

VII. A slight decoction of an ounce of white briony root in white wine. Mathiolus⁵ proposes this remedy; and pretends, that a woman, subject every day to *paroxysms* of the hysteric vapours, was intirely cured by the use of this remedy; which she took, for a year, at going to bed, once every week. It is upon the authority of this physician, that the briony root holds its

¹ *De Morbis Mulieribus*, Cap. Cent. IV. Observ. 6.

46.

⁴ *Prax. Lib. XV. Cap. 6.*

² *Lib. XV. Cap. 6.*

⁵ *Comment. ad Lib. IV. Cap.*

³ *Centur. III. Observ. 83. Et 176.*

rank among the antihysterical remedies: the *fecula* of briony also is used: but it has little virtue.

VIII. The afterbirth of a first labour, dried in an oven, and powdered; given in the proportion of a dram in any suitable vehicle. Riviere¹ asserts, that this remedy immediately delivers from the *paroxysm*. Frederic Hoffman² recommends it, also, as a specific; and it is upon the authority of these two physicians, I mention it. But I may say, with regard to this, that, “*plura refero, quam credo.*”

IX. Some physicians³ employ *camphor* in the fits of the hysterical vapours. They give it in substance, reduced to powder, in the quantity of ten or twelve grains, in a bolus, mixt with any antihysterical syrup; or dissolved in a spoonful of oil of sweet almonds. Sometimes they set fire to a piece, and throw it into five or six ounces of some antihysterical water; and, afterwards, let the patient swallow the water. This medicine acts as an anodyne; the use of which is not attended with any danger, provided it be moderate: but I know, by experience, that the success of this remedy is very various; and that too great stress⁴ should not be laid on it.

X. The chemists cry up extravagantly, in the hysterical passion, the use of tin in substance; and the preparations of it; as the magistery; the salt; and the oil of Jupiter; &c.

Tin is taken in substance, after being calcined in a crucible; during which, care is taken to stir it constantly: or, after having reduced it to powder, by a long trituration, in a marble mortar: which last preparation is the best, and safest. It is given in the dose of eight, ten, or twelve grains, mixt with the extract of some antihysterical plant: or, simply, with the *theriaca*, or *confectio-hyacinthi*.

¹ Praxeos, *Lib. XV. Cap. 6.* *Ephemerid. Medico-Physic. Germanic. Art. 7.*

² *Patholog. Part. III. §. I.* *Cap. 5. §. 7.*

³ Riviere, *ubi supra.*

⁴ Voyez Augustin Thonerus, *Observation. Medicinal. Lib. III. De morb. uterinis, Observ. 5.*

annexis Ann. 4. & 5. Decur. L.

As to the magistery, it is made, by taking the solution of tin in *aqua regia*; and adding to it twenty times as much common water, to weaken the *menstruum*; and cause a precipitation of the tin, in form of a white powder: which is washed several times with warm water, to carry off, as much as possible, of the parts of the *aqua regia*. This powder is used by external application on the navel: and it is, also, given internally, in the quantity of four, or six grains.

The preparation of the salt, and oil of Jupiter, such as Sennertus¹ has given it, is more long and difficult. English tin is dissolved in *aqua fortis* made with nitre and alum. A precipitation is soon formed at the bottom of a white powder: which is a magistery of tin.

This powder is sublimed in allodials, as the flowers of antimony; and, after having collected it, a solution is made of it in distilled vinegar.

The vinegar is, afterwards, distilled to dryness. What comes over, is again put to the same powder; and these cohobations are repeated, till the whole powder rises with the vinegar. The vinegar is evaporated to dryness; and a tincture is drawn from the matter, which remains with the spirit of wine; and the extractions repeated, till the whole be united with spirit of wine. The spirit of wine must then be distilled to half the quantity; and the rest set in a quiet place. There will be formed chrystals, which are the salt, or the chrystals of Jupiter: which are given internally in the same dose as the magistery.

If these chrystals get in a moist place, upon a marble table, a little inclined, they will run, *per deliquium*, into a fluid somewhat viscid: which is called the oil of Jupiter, or of tin. It is pretended, that some drops of this oil, put on the navel, removes immediately the hysteric *paroxysms*. Some have even

¹ Institution. *Lib. V. Part. III. §. III. Cap. 15.* Et Practic. *Lib. IV. Part. II. §. III. Cap. 4.*

ventured to give it internally, in the quantity of four or five grains, in a suitable vehicle.

The exaggerations of the chemists are well known. If they might be believed¹, these remedies drive away the hysteric *paroxysms*, *usque ad miraculum incantamenti instar*. I own, nevertheless, that I have never dared to use them; and I applaud my own timidity, since Boerhave himself condemns them². *Minus amo hoc metallicum, tutiora præsto sunt eidem proposito.*

¹ *Præstantissima ac præsentissima sunt remedia in uteri suffocationibus, quas ad miraculum compescunt, tam intrinsecus, quam extrin-*

secus. Joh. Schroderus, *Mineralogiae*, Cap. 14.

² *Chimiae*, Part. III. *Processus* 187.

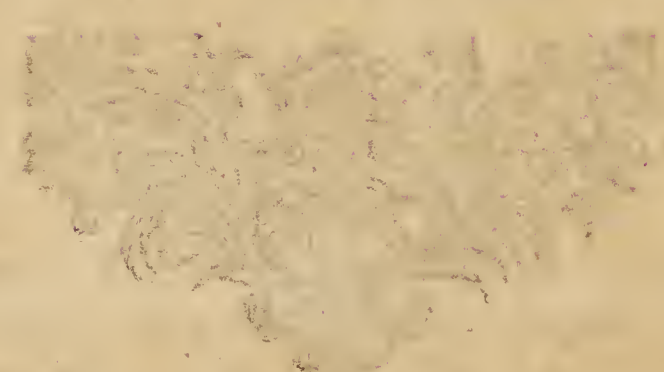
END of the SECOND BOOK.



At the Court of the
Honorable the Judges of the
Court of the Admiralty
in the City of London
this 14th day of June 1791
The said Court do hereby
order that the said
Certificate be
produced to the
said Court at the
next sitting thereof
to be considered
thereupon.

Witness my hand and
the Seal of the said Court
this 14th day of June 1791
The Judges of the Court of the Admiralty

Attest the Clerk of the Court



CHRONOLOGICAL CATALOGUE

OF THE

PHYSICIANS,

Who have written treatises, particularly on the diseases of women: or who have expressly mentioned them in their courses of physic:

Divided into four epochas.

FIRST EPOCH A.

THIS *epocha* begins with medicine itself; and is lost with it in the obscurity of the times.

It comes down to near the year of our Lord 800; when the Roman empire, falling into decay, medicine, and the other sciences, passed to the Arabians, whose dominion was then extended into Asia, Africa, and even Europe; and whose empire was flourishing.

In the beginning of this *epocha*, medicine was very variable; and divided into several sects: because there was no system, which could embrace all the different parties; and fix the uncertainty of opinions. But towards *anno Domini* 180, Galen formed one, that was sufficiently plausible; or, at least, very popular, conformably to the doctrine of the peripatetics; and founded upon the four qualities of hot, cold, dry, and moist; upon the four elements; the four temperaments; and the four *intemperies*.

Though

Though Hippocrates did not follow any system; or if he had a disposition towards any, it was for that of Democritus¹, adopted afterwards by Epicurus, to which he appeared to incline; Galen has ingeniously accommodated to his system, the doctrines, which are found in Hippocrates; for which they had, at that time, much veneration.

In this system, although false, as to what regarded natural philosophy, every thing was comprehended, that was essential and necessary in medicine; that is to say, whatever could be collected, meerly by observation, on the nature, and causes of diseases; the intentions, which should be proposed for their cure; the means that should be pursued to effect these intentions; and, in short, the knowledge of diseases; intentions of cure; and remedies; which together constitute the essential part of medicine.

The system met with some opposition in the time of Galen himself: but it was soon after received by all the physicians of this first *epocha*, who came after him. The Arabians, and those who followed their footsteps, conformed to it in the second *epocha*. It was generally received, explained, and admired in the third, by all the physicians, who lived in Europe since the restoration of letters, till the time of the new discoveries made in anatomy; and the lights, which have been obtained by the opening of dead bodies in the fourth, and last *epocha*. Although it has been rejected in this *epocha*, with respect to all that concerns philosophic explanation, every thing has been yet retained, that was essential to medicine. I mean, as to what relates to the nature of diseases; the intentions of cure, which arise in them; and the means of effecting those intentions. For, although very considerable improvements have been made in each of these articles, they have rather served to extend the plan formed by Galen, than to subvert it.

¹ On a cru que Hippocrate avoit été son Disciple. *Gelsus, in Praefatione.*

In the first *epocha*, application was sedulously made to pharmacy; as appears by the number of *formulas*, which Galen has collected in his books of pharmacy¹; or which are found in the work of Scribonius Largus. But it must be allowed, that the greatest part of these *formulas* were loaded with a too great number of ingredients; and that it was not without reason, Pliny² blamed such compositions.

Nor was botany neglected. Cratevas is spoken of, with praise; as a learned botanist; but his works are lost, if he composed any. Notwithstanding they are wanting, it may be judged from those of Dioscorides; and even by the catalogue which Pliny makes of a great number of plants; that this study was then very well cultivated.

The same cannot be said with relation to anatomy. It is indeed boasted, that Herophilus and Erasistratus, were very well versed in this science: but it must be confessed, that Hippocrates, Galen, and the other great physicians, of whom we have any remains, were but little proficient in this branch of knowledge; and there is reason to doubt, whether they ever dissected any human bodies.

The opening of bodies, so necessary to distinguish the causes, and the seats of diseases, must have been very rare at that time, when they applied so little to anatomy. I do not remember, among all the Greek physicians, any observations made on dead bodies.

They were ignorant, in this *epocha*, even of the name of chemistry; nor was it till long after, that the study of it was pursued; or the knowledge afforded by it introduced into medicine.

The belief of the influence of the stars over the human body, was very antient among the eastern nations; and the consequence, perhaps, of Sabeism,

¹ *De Antidotis.*

De compositione medicamentorum secundum locos.

De compositione medicamentorum per genera.

² Quo Deorum perfidiam istam

monstrante? Hominum enim subtilitas tanta esse non potuit.

Plin. *Histor. natur. Libr. XIX.*

Sect. 8.

which was their most common religion. This prejudice passed into Greece; and the Greek physicians were not exempt from it. Galen contributed to augment, and confirm it, by the manner in which he arranges the critical days; and by the influence which he gives to the moon over the humours.

The folly of giving credit to the virtue of words, and characters, is yet less excusable. There are, nevertheless, very certain proofs, in the instance of Cato¹, who recommends the saying certain barbarous words, in order to reduce dislocated or fractured bones; and who promises success from this method: and in that of Q. Serenus Sammonicus, physician and preceptor to the emperor Gordian, who² advises for agues, to write several times over the word *Abracadabra*; retrenching each line the last letter; and assures us, a cure will be obtained, by wearing this writing about the neck.

The same judgment may be made of the prepossession, which there was in this age for amulets; that is to say, for the superstitious application of certain substances upon certain parts. Galen³ asserts, that the root of male peiony, hung on the neck of children, checks the fits of the epilepsy; and he says, he has been witness to it. Æcius advises⁴ the wearing a

¹ Cato, *De Re rusticâ*, Cap. 160.

² Inscribas carthæ quod dicitur Abracadabra,
Sæpiùs, & subter repetas, sed detrahe summæ,
Et magis atque magis desint elementa figuris
Singula, quæ semper rapies, & cætera figes,
Donec in angustum redigatur litera conum,
His lino nexis collum redimire memento.

ABRACADABRA.

ABRACADABR

ABRACADAB

ABRACADA

ABRACAD

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A

³ De Simplicium Medicam. Facultat. in voce *Glycyfida*.

⁴ *Libr. II. Cap. 35.*

jasper stone hung round the neck, and descending to the pit of the stomach; and he says, he had proved on himself, that it would cure the pain of the stomach. Trallian¹ goes still further; and proposes, as a remedy for a tertian ague, to write with ink, on an olive leaf, the two words CA ROI; and to hang them round the patient's neck; cautioning very seriously to gather the olive leaf, before the rising of the sun. I could cite a great number of similar instances; but I rather chuse to refer to Augier Ferrier, a physician at Toulouse, in his *Methodi Medendi, Libr. II. Cap. XI.* where several may be found.

In this *epocha*, three new diseases broke out, as Pliny² relates, at Rome; and in part of Italy; which gave an alarm; but did not last for a long time.

The first was the leprosy, which the army of Pompey brought with them, on returning from Syria; where it was common and endemic, as well as in Egypt; but this disorder soon ceased in Italy: *Et hic quidem morbus, says Pliny, in Italia celeriter restinctus est.*

The second was a kind of corrosive and contagious tetter, which particularly attacked the chin; and was communicated by kissing, *veloci transitu osculi*; on which account it was called *mentagra*. Pliny says, that this disorder was brought to Rome from Asia by a Roman knight, whom he has named.

The last is the carbuncle, or *anthrax*, which Pliny regards as a particular disorder of the province of Narbon; from whence he says, that it had been brought to Rome.

Pliny seems to make mention, in the same place, of the colic, as a new disease, with which the emperor Tiberius was the first person attacked. He adds, that Rome was in great confusion, when the emperor, to excuse himself, ordered it to be declared, that he had the *colum*; for that is the name he used; *Magnâ civitatis ambage, cum edicto ejus excusantis valetudinem legeretur nomen incognitum.* But there is rea-

¹ Libr. XII. Cap. 7.

² *Historiæ naturalis, Libr. XXVI. Sect. 1.*

son to believe, that this confusion was less caused by the nature of the disease, which it was impossible not to know at Rome, than from the name of *colum*; which the emperor had employed, and which was new to them.

Ann. 432 before Christ.] HIPPOCRATES is the most antient physician, whose works are come down to us; which has greatly contributed to the making him be considered as the father of medicine. He is too much known to render it necessary to dwell on the relation of what is delivered to us concerning his life: which is indeed confined to a very small compass, and contains nothing very certain.

It suffices to remark, that, according to the most common opinion, he lived in the year of the world 3538, and of Rome 318; and 432 years before Jesus Christ: that he was born in the isle of Cos, in the Archipelago; and that he practised physic principally in Thessaly and Thrace.

It is agreed that he lived long. Those who most shorten his life, pretend that it was eighty-six years; but there are others, who make him to have lived to a hundred and nine; which would do honour to his knowledge and his regimen.

Among the works that are ascribed to him, several have always been suspected to be spurious. The difference of style and principles, seem to authorise this supposition; and it is more amply confirmed by the confession of Galen¹ himself, that it was not before the reign of the emperor Adrian, two physicians of Alexandria, Artemidorus Capito, and Dioscorides, collected his works, to form them into a body, five hundred years after his death. It is very difficult, after so long a time, to succeed in making this collection with sufficient judgment, to avoid inserting every thing but what was genuine.

Erotien, who lived under the emperor Nero, and endeavoured to distinguish the true works of Hippocrates, does not insert in this number, all those which

¹ *Comment. I. in Librum Hippocratis, De naturâ humanâ.*

we have at this time under his name. He neither speaks of the book *de Naturâ Muliebri*, nor of that *de Virginibus*. He acknowledges, indeed, the two books, *de Morbis Muliebribus*, and that *de Sterilibus*; which seems to establish the genuineness of them. But, in spite of his authority, the editors of Hippocrates, all agree in regarding as spurious the end of the first book, *de Morbis Muliebribus*; which renders the whole of the two books dubious.

I am not the first who has entertained this suspicion. Mercurialis, who has written a judicious comment on the works of Hippocrates, in which he has made four classes, has put the books, *de Naturâ Muliebri*, *de Morbis Muliebribus*, and *de Sterilibus*, in the third class; that is to say, into that of the works, in which Hippocrates had no part; but which may have been composed by some of his disciples. J. Henry Shulan¹, professor of physic at Altdorf, has followed the opinion of Mercurialis on this article; and has even confirmed it by additional reasons.

We are willing to conform, nevertheless, to the opinion of Erotien, and give Hippocrates the three books in question; but we must allow, however, that a want of method prevails, which is difficult to be excused; and that opinions are taught there concerning the *aberration* of the *uterus*, which are very false; although, in other respects, they are very conformable to the doctrines, which Hippocrates has established in several places of his works. It is asserted, that the *uterus* changes its place; that it rises not only to the stomach, the liver, and the heart, but even to the head: and that it causes, by this means, all the accidents of the hysteric passion. It is amazing that Hippocrates could attribute to the *uterus* such motions, of which the impossibility is plainly evident: but it is yet more astonishing, that an opinion, so palpably false, could delude almost all the physicians who have lived since.

¹ In *Historiâ Medicinæ*, in-4to. Lipsiæ, 1728. pag. 215, 216, & 244.

Ann. 96 before Christ.] ASCLEPIADES, of Prusa in Bythinia, who practised physic at Rome with great reputaton in the time of Pompey the Great, about the year of Rome 658, and 96 years before Jesus Christ. Cicero ¹ calls him his physician and friend.

None of the works of Asclepiades have come down to us. But there are found in *Æcius* ², of whom we shall speak below, remedies proper for cicatrising the ulcers of the *uterus*; which he attributes to one *Asclepiades*; and according to all appearance, the Asclepiades here in question, whom Galen ³ himself often quotes.

Ann. 35 of the christian æra.] AURELIUS, or AULUS, CORNELIUS CELSUS, a Roman physician, who lived in the reign of Tiberius, celebrated for a treatise on medicine, written in fine Latin; and the only one, who has written in that language, while in its purity. It is disputed whether Celsus was a physician, and practised; or only a man of genius and knowledge, who undertook to write on medicine; as he has also on war and agriculture. But these questions are difficult to be decided; and, in fact, of little consequence. It is sufficient to observe, that the treatise, composed by him, is a compilation of matters, taken from the Greek physicians; and particularly Hippocrates; in which the subjects are disposed, without regard to any order; and which may be considered as miscellaneous memoirs, or, if that be thought more proper, essays on medicine.

This treatise is divided into eight books. The twentieth chapter in the fourth book, treats of the hysteric passion, which is there not well described; but it has been shewn, by the collation of two manuscripts of Celsus ⁴, that this chapter was imperfect; and that there was in this place an *hiatus*, which has made us lose the end of it; the following,

¹ Libr. I. *De Oratore*, pag. 283. *camentorum*.

² Libr. XVI. Cap. 93.

⁴ Morgagni, *Epistol.* II. & III.

³ Libr. II. *De antidotis*, & *in Celsum*.
passim, ubi de compositione medi-

De Vulvâ exulceratâ, and two others, de Vesicâ, & de Calculis in vesicâ.

In the seventh book are found two other chapters, in which also the diseases of women are treated of: the XXVIII. where impervious girls, *imperforatæ*, in Greek ἀτενῆαι, and the extraction of a dead *fœtus*, are spoken of. There is nothing in Celsus, relating to the diseases of women, which is not found every where else, and even better. It is not, therefore, to obtain medical knowledge¹, that he is read. But as a physician said, who had studied him well, *illius cote stylum subigemus, & pluris latinitatem ejus, quàm medicinam faciemus.*

Ann. Dom. 200.] GLAUDIUS GALEN, of Pergamus, one of the most celebrated Greek physicians after Hippocrates. It may be inferred from what he has said himself of the age he was of, when Marcus Aurelius, and Lucius Verus, who were at Aquileia, sent for him to them, that he must have been born the fifteenth year of the reign of Adrian², about *anno Dom.* 132. He went over several provinces of the Roman empire; but stayed particularly in Ægypt, and at Alexandria³, which was then the most celebrated school of medicine. He lived under the emperors Antoninus, Marcus Aurelius, Lucius Verus, Commodus, and Severus; who esteemed and employed him on several occasions.

Suidas says, that Galen lived seventy years; and on that supposition, being born in the fifteenth year of Adrian's reign, he must die in the ninth year of the reign of Severus; which falls upon the year 201 of the christian æra. This calculation appears more just than that of some other authors, who make him live longer. He died at Pergamus, in his native country, to which he had returned for reasons that are not known.

¹ Johannes Rhodius.

³ Ammien. Marcellin, *Livr.*

² Vide *Cbronologicum Galeni XXII. sur la fin.*
Elogium à Philippo Labbeo.

Galen composed many works; but they are not all come down to us. He has informed us himself, that part of them were burnt in the fire of the ¹ temple of Peace at Rome, where they had been deposited; but there remains enough of them to display the character of Galen; for he has depicted himself well in them.

It is certain, that he was not only learned in medicine, but also in several other sciences. As to his style, it was circumlocutory, prolix, Asiatic, and subject to repetitions, which render the reading his works very tiresome. With regard to his character, he was vain, and ostentatious; arrogating to himself the highest praise, at the same time he censured other physicians, and endeavoured to disparage them on every occasion.

Notwithstanding these faults, which can neither be denied nor justified, Galen was esteemed in his lifetime; but he was much more so after his death, when his system was established: for it must be acknowledged, that it suffered at first great oppositions; and he allows it himself, in relating what Quintus his cotemporary, and a celebrated physician, said ²; who, to ridicule him, maintained, that all he delivered concerning hot and cold, moist and dry, could relate only to keepers of baths. ³ *Quod de calido, frigido, humido & sicco aiunt, utique balneatorum esse nomina.*

It is difficult to determine whence Galen's credulity, with relation to dreams, arose; but it was excessive, and admits of no apology. He earnestly recommends ⁴, that a great attention should be paid to dreams; and relates ⁵, that in consequence of two very clear dreams, he ordered, that in the case of a patient, who had a pain in his side, the arteries, which is betwixt the finger and the thumb of the right hand, should be opened, and the blood suffered to be discharged, till it stopt of itself:

¹ *Libr. I. De compos. Medicamentorum per genera, Cap. 1.*

Et de Libris, propriis, Cap. 2.

² *Libr. de præcogn. ad Posthumum, Cap. 1.*

³ *Galenus, De sanitate tuenda, Libr. IV. Cap. 13.*

⁴ *In Libr. VI. Hipp. de Humoribus, Comment. II.*

Method. Medendi, Libr. XIV. Cap. 2.

⁵ *De curandi ratione per sanguinis missionem, Cap. 23.*

Nam, says he, *somnium ita præceperat*, and the patient was cured. Moreover he adds, in another place, that a priest of the god of Pergamus, ill of a pain in his side, was freed from it, by being let blood on the outside of the hand, as ordered by him, conformably to an intimation which he received in a dream: *aggressus*, says he, *Et ipse illud insomni monitu*.

It cannot be doubted, but that in the great number of works which Galen wrote, he has often made mention of the diseases of women: but we do not propose to collect these loose passages. We shall only observe, that he has not left any particular treatise upon this subject. For that, which is found in the collection of his works, under the title of *Gynæceis*, is a spurious work, by the confession of all editors. It is certain, that work is unworthy of Galen: and Brassavole, in the IXth edition, published by the Juntales, as well as Rene Chartier in his, agree that it is, *Fejuna prorsus Et angusta tractaria*.

Ann. Dom. 250.] SORANUS. There are two of this name, who were physicians, and both of Ephesus; of whom the one lived in the reigns of Trajan and Adrian, and is the reputed author of a life of Hippocrates, which is come down to us. Suidas ascribes to the other, who is younger, four books of the diseases of women; which gives reason to presume, that there should be ascribed to him also a little treatise, *de utero muliebri pudendo*, printed in Greek at Paris, 1554, in octavo, by Adrian Turnebe; and again in Latin, by William Morel, in 1556.

This treatise appears to be a fragment of a larger work. It contains an anatomical description of the structure of the *uterus*; but as that part was then very ill understood, this treatise is intirely usefess at present.

Ann. Dom. 350.] ARETEUS of Cappadocia, an antient physician; of whom there remains to us a work on medicine in Greek, divided into eight books; but they are not come down to us intire.

Esculape.

There

There is a difference of opinion, with relation to the age of this physician. Some do not hesitate to place him in the time of the first Cæsars. To establish this opinion, they build principally on the Ionic dialect, in which this physician has written; and pretend, that it was not in use after the first Cæsars. But Menage has refuted this objection¹, by quoting several authors, who lived under Adrian or Severus; and have yet used it.

It is more consistent with appearances, to place this physician more late; and after Galen; but before Æcius, who lived in 380; and Paul Æginatus, who lived in 420; since both cite him.

The style of Areteus is concise and close, as that of Hippocrates, whom he had read, and whom he quotes. There are not the least traces of the theory of Galen to be found in him; which proves, that he had not seen the works of this physician, or did not approve them.

In Areteus is found the first² observation of an hydatic dropsy, which he describes well enough; but of which he did not understand either the nature or origin.

Of the eight books, which the works of Areteus contain, there are only four proposed to explain the causes and the symptoms of diseases; two of those which are acute, and two of the chronic. The other are disposed in the same manner; two to explain the treatment of acute diseases; and two that of the chronic.

In the second book of *the causes and symptoms of acute diseases*, Areteus speaks, in chapter XI, of the hysteric passion, under the title of *de vulvæ strangulatione*: and, in the second book of the treatment of acute diseases, he speaks of the method of cure of the same disease, in chapter X, under the title *curationis vulvæ suffocationis*.

¹ *In amœnitatibus juris.*

² *De sign. & caus. diuturn. morb. Libr. II. Cap. 1.*

He speaks in the same manner, *de morbis uteri*, in chapter XI. of the second book, *of the causes and symptoms of chronic diseases*: and he treats of their method of cure, in chapter XI. of the second book of the treatment of the chronic diseases.

Ann. Dom. 363.] ORIBASUS, a native of Sardes, lived in the fourth century. He was the friend, and even the favourite of the emperor Julian, under whom he had great authority, and acquired great riches. But this emperor having been killed in the war against the Persians, in 363, Oribasus, who survived him, had not the same countenance from those who came after him.

Oribasus informs us himself, that Julian had commanded him to make a collection of every thing, that was good in the writings of the antient physicians: that he acquitted himself of this commission; and that the collection contained seventy books. He afterwards made, himself, an abridgment of it into nine books, for the service of Eustathus his son. He wrote, some time afterwards, four books of the most common remedies; which he addressed to the emperor; and at last he described in one book, appropriated to this subject, the chirurgical machines used in his time.

The nine books, which he wrote for his son Eustathus, are yet extant, under the name of *Synopsis Medicinæ*; as also the four, which he addressed to Eunapius; and the treatise *de laqueis & machinamentis*. But his great work, intitled, *Collectanea Artis Medicæ*, is not come down to us intire; and, of the seventy books it contained, there remains only seventeen. These several works of Oribasus have been translated into Latin from the manuscripts, by John Baptist Rafarius, a physician at Novarra, and printed at Basil in 1557, in three volumes, octavo. But I do not believe they have been printed in Greek.

This physician speaks of the diseases of women in two of his first works. In that, which he wrote for his son, there is, in the ninth book, fifteen chapters, where

where he treats particularly of the principal diseases of women; and in that which he addressed to Eunapius, there are, in the fourth book, seven chapters, where likewise he treats on the same subject: but there is not, in either of these places, any thing to be found, that is very interesting or useful.

[Ann. Dom. 380.] ÆCIUS of Amida, a city of Mesopotamia, lived after Oribasus¹, whom he quotes; and, consequently, at the end of the fourth century. He is confounded erroneously with Ætius, an half Arian bishop; which mistake has arisen merely from the similitude of the names.

This physician has left a collection of the whole body of medicine, much more instructive and useful than that which remains to us of Oribasus. It is divided into sixteen books, of which there are only the eight first that have been printed in Greek at Venice, by Aldus, in folio, in 1534. The other eight remain only in manuscript, in several libraries, particularly in the king's, where there are a number of copies of it. James Cornarius has translated the intire work of Æcius, from the Greek into the Latin; and printed it at Basil, for Frobenius, in 1542, in fol. under the title of *Contracta ex Veteribus Medecina*. The last book of this work, which contains 112 chapters, is designed intirely to explain the diseases of women; and it is the first treatise on this subject which merits to be read.

There is no particular more laudable than the sincere confession, which this author has made, of the originals whence he borrowed. He quotes in several places Galen; Aspasia, whom I believe to have been a midwife; Philomenes, Leonidas, Archigenes, Rufus, Philagrius, Soranus, and Asclepiades.

[Ann. Dom. 420.] PAULUS EGINETUS, of the isle of Egina, lived, as I apprehend, in the reigns of Honorius, and Theodosius the younger, about *anno Dom.* 420: at least it is very clear, he lived after Oribasus and Æcius, since he quoted them.

¹ Lib. XV. Cap. 13, 18, 29. & alibi passim.

This physician has left a course of medicine, such as were made at that time, under the title *De re Medica*, divided into seven books. He allows himself, that it is a collection of the best matter contained in the authors, which preceded him; and, particularly, in Galen and Oribasius.

This work was printed in Greek, the first time at Venice, for Aldus, in folio, in 1528. It has been translated into Latin by several physicians; as Albanus Torinus, John Guintherius Andernacus, and John Cornarius: and these different translations have been printed several times.

There is found, in the third book of this work, seventeen chapters on the diseases of women, from the 60th, inclusive, to the 76th. There is likewise found, in the sixteenth book, seven chapters, from the 69th to the 75th, where he treats principally of deliveries, and the consequences of them.

Ann. Dom. 500.] MOSCHION. The age in which this physician lived, is not known; but there is great reason to believe, that he is not very antient. There remains of him a treatise in Greek, *περί γυναικείων παθήων*, *id est, de morbis muliebribus*; which contains 163 little articles, or chapters. This work was full of faults in the Greek manuscripts; and, whatever care Gefner may have taken to correct him, it is yet very faulty.

There has been found an antient translation of it into Latin; which is much more complete; and has been the means of restoring several passages in the original.

The original, and the translation, are both inserted in the two collections of authors, who have written on the diseases of women; the one by Wolphius, and the other by Spachius.

It is proper to avoid confounding Moschion, of whom we now speak, with another of the same name, much more antient; to whom Pliny ascribes two works; the one *de Raphano*, and the other *de Pessariis*.

Ann. Dom. 800.] CLEOPATRA, queen of Egypt, to whom a treatise *de Morbis Mulierum*, written in Latin, is ascribed: but we are informed, that it has been translated into Greek, without being told by whom.

This treatise is in the two collections of authors, who have written on the diseases of women; the one for Gaspar Wolphius, printed at Basil, in 1566, in quarto; and the other for Israel Spachius, printed at Strasburg, in 1555, in folio. It cannot be doubted, but that this is a spurious work, and framed in the times of ignorance.

Ann. Dom. 800.] THEODORUS PRISCIAN, a Latin physician, who is believed to be more antient than he really is; and whom, I judge, should be placed in the eighth or ninth century: but it is not our business, at present, to enter into this discussion.

There appears under his name, a treatise addressed to Timotheus his brother, divided into three books. The first intitled, *Phænomenon Euporiston*; the second *Logicus*; and the third *Gynæcia ad Salvinam*. In the last, the author treats of the diseases of women in ten chapters, very briefly. This work was printed at Basil for Frobenius, in 1532.

The same work appeared the same year, printed at Strasburg, in folio, joined to three books of surgery of Albucasis, by the procurement of Herman, count of Neuvenare; with these differences, nevertheless, that, in the edition of Basil, the work is ascribed to Theodorus Priscianus; and in that of Strasburg, to Octavius Horatianus: that in the edition of Basil, there are only three books, of which the titles are given; and, in that of Strasburg, there are four in the following order.

I. *Logicus de curationibus omnium ferè morborum corporis humani ad Euporistum.*

II. *De acutis & chronicis passionibus ad eundem.*

III. *Gynæcia de mulierum accidentibus & curis eorundem, ad Victoriam.*

IV. *De Physicâ scientiâ ad Eusebium filium.*

and,

and, lastly, that in the edition of Basil, the woman, to whom the book of the diseases of women is addressed, and whom I believe to have been a midwife, is called Salvina; whereas in that of Strasburg she is named Victoria.

Ann. Dom. 915.] NONUS, a Greek physician, who lived about *anno Dom.* 915, in the reign of Constantine Porphyrogenetes; from whom he is said to have received orders to write the following book,

De omnium particularium morborum curatione. Argent.
in 12°, 1568.

Jerom Martius, a physician at Augsbourg, having found the manuscript in the public library of that city, translated it into the Latin; and procured it to be printed in both that language and the original.

This work treats of almost all diseases, in 296 chapters, which are not long, in such manner, that it is a short *compendium* of the art of medicine; but very clear, accurate, and containing a system of practice, which answers to the comprehensiveness of the treatise. The diseases of women take up thirteen chapters; and they are explained in them, according to the principles of Paulus Eginetus, and Æcius.

Though Nonus lived out of the limits, I have set to the first *epocha*, I thought it proper to include him in it; because the manner, in which he treats on medicine, is the same with that of the Greek physicians; and does not resemble in any thing the manner of the Arabians.

SECOND EPOCH A.

IN the nineteenth century, the empire of the West had been destroyed a long time; and its provinces invaded by the barbarous nations, who had not the least regard for sciences. That of the East still subsisted;

subsisted; but grew weaker continually: and the sciences, which had flourished there, were insensibly lost. At this time, on the contrary, the empire of the Arabians was increasing, by a rapid progress; and the power of the califs, their sovereigns, already extended over a great part of Asia, Africa, and even Europe.

The sciences, and the polite arts, but particularly the science of medicine, follow the fate of empires. Thus, in proportion as they decayed with the Greeks, they began to flourish with the Arabians; whose empire was at the highest period, principally under the calif Almamon Abdalla, who mounted the throne, *anno Dom.* 813; and who caused the Greek works to be translated into Arabic. By this means, all the learning of the Greeks was soon transferred to the Saracens; and it was now only in their empire, that astronomy, mechanics, and medicine, were found; while all other nations, and consequently every part of Europe, were plunged in ignorance.

This state continued near four or five hundred years, from the year 800 to 1200. During this interval, the people of Europe began to be enlightened, by the commerce they had with the Saracens, the sole possessors of science. It may be easily judged, that this commerce must be carried on in the provinces, where the dominions of each lay contiguous to those of the other: in Italy, by the kingdom of Naples, of which they possessed one part; and which was in the neighbourhood of Sicily, where they were established; and in France, by Languedoc, adjacent to Spain, of which they were the masters.

In spite of the diversity of religion, and the dislikes which they had for them, the Christians had still some immediate intercourse with them, of which there

¹ The city of Salerno was formerly a sea-port, very much frequented: and it cannot be doubted, but that the Saracens, who possessed Sicily, Africa, and Spain, came there continually on account of commerce.

there are proofs¹: but the greatest part of the commerce was carried on by the intermediation of Jews, who were received among both. By this means, the art of medicine was communicated to the inhabitants of the kingdom of Naples, and to those of Languedoc: and it was owing to this, that the two most antient colleges of medicine in Europe, those

Moreover Trotula, a midwife (a) of Salerno, of whom we have a treatise, (b) written about the year 1200, or 1250, speaks (c) of a Saracen woman, who administered remedies to correct the bad smell of the mouth; and mentions the medicament made use of by the Saracens to blacken the hair; which evinces, that there were still in her time Saracens in Salerno; and even such as were engaged in medicinal practice.

¹ With respect to Montpellier, the will, which William, the son of Ermangunde, lord of Montpellier, made in 1121, where he forbids his successors to grant to any Jew, or Saracen, any office or authority, (d) *Hæredibus meis prohibeo ne aliquam bailiam vel dominationem alicui Judæo vel Saraceno in Montepessulano donent*, proves, that there were Saracens at Montpellier, who maintained a considerable rank there, since they had held, till that time, the most important offices of the city.

The Jew, Benjamin of Tudila, who went to Montpellier, in 1160, (e) speaks of this city, as a place proper for commerce, where the Christians, and the Saracens, went from all

parts: *Locus*, says he, *negotiationi accommodus quò ex omni loco ad mercaturam conflunt Edom (Christiani) & Ismael (Saraceni) plurimi*. There is a great appearance, that in this number of Saracens, which went to Montpellier, there must be several physicians.

Moreover William, son of the duchess Mathilda, who had the seignory of Montpellier, and grandson of William, who was mentioned before, (f) promises formally, in 1196, to the inhabitants of the city of Montpellier, by a declaration, of which the original is yet extant, not to be induced by prayer, money, or any other solicitation, *prece aliquâ, vel pretio, seu sollicitatione alicujus personæ*, to restrain to one physician alone, the right of teaching medicine, in the schools of Montpellier; but to permit every person to read lectures there, in what place they think proper, to which he orders his successors to conform. It appears there could be no reason for employing expressions so general, *quicumque sint, & undecunque sint*; unless for comprising the Jews, and even the Saracens, in the permission of teaching medicine at Montpellier.

(a) Voyez son article ci-après.

(b) *De passionibus mulierum*. (c) *Cath.*

61.

(d) Gariel, *Series præsulum Montpelicensium, in vita Galteri*, Edit. 2.

pag. 140.

(e) *In principio Itinerarii*.

(f) Gariel, *ubi supra*, p. 229.

of Salerno and Montpelier, were formed in these provinces; and from hence the study of medicine propagated itself from place to place, over the rest of Europe; and by the example of the two colleges, we have mentioned, many others have been successively formed.

But as every thing is subject to vicissitudes, about the eleventh and twelfth century, schism, and revolt, divided the powerful empire of the califs; and this division was fatal to sciences, which begun to decline as well as medicine. Happily we were already sufficiently informed. The study of medicine kept its ground, and even made a progress with us, though guided indeed by the footsteps of the Arabians, from whom we obtained it; and closely following the track they had pointed out to us. At that time, and even for long after, nothing was read in the schools, but translations of the books of the Arabian physicians; and particularly those of the Canon of Avicenna¹; or of the ninth book of Rhafis to Almanfor, where there is an abridgment of medicine, which were as the text to the lessons that were read to the pupils. Thus there are reckoned more than thirty commentators on Rhafis; and the number of those on Avicenna, and the other Arabian authors, is still greater.

This prejudice continued near three hundred years, till the taking of Constantinople by the Turks, in 1453; and the revival of letters, which was the consequence of it; as it procured to physicians the means of reading Hippocrates, and the other Greek writers on medicine: from whence they obtained new lights, more just and more extensive. This is, in my opinion, the time which ought to be regarded as the beginning of a third *epocha*.

¹ Prælegebatur Avicenna, qui princeps totius artis habebatur ac appellabatur. Prælegebatur Rhafis, & præsertim nonus ipsius ad Almanforem liber, in quo

absoluta curandorum omnium morborum ratio proponi ferebatur. *Janus Cornarius, in præfat. Paulo Æginetæ præfixâ.*

While medicine was in the hands of the Arabians, and their sectaries; that is to say, from the year 800 to 1500, which makes the term of the second *epocha*; they continued to hold fundamentally the system of Galen; but made very little use of it in practice. In the writings of that period, they treated slightly of the nature, character, and differences of diseases; and only glanced at them; but they noted particularly the indications; or, as they called them then, the intentions, *intentiones* & *ingenia*, that were to be proposed for their cure; and they enlarged greatly on the means of effecting them. The Arabians added to the simple remedies known to the Greeks, and their pharmacy, a great number that were new and peculiar to themselves: because they grew in their country, or were supplied to them by the commerce they had with the East-Indies: several of which are yet in use among us.

However great might be the number of these remedies, medicine would not have been yet overloaded, if physicians had not given into the practice of combining them together in a thousand manners, and of making a prodigious number of different compositions of them. There had otherwise never been seen so great a number of electaries, lohocs, pills, *sief*, or dry *collyriums*, syrups, troches, *tryphenæ*, *philoniums*, *biera*, robs, &c. In short, *polypharmacy* would never have been carried to such an excess.

But while they stretched the study of this part of medicine beyond all reasonable bounds, they neglected two others, which are the most solid foundations of it: botany; and more especially anatomy. I can scarcely imagine, what could withhold the Arabians from the study of botany; which the Greeks, whose example they followed, had cultivated. But as to anatomy, I conceive that the law of Mahomet, which forbid, as a pollution, the touching dead bodies, might prevent their concerning themselves with it. What affords most surprize, is, how they inspired their successors, the Christians, with the same neglect;

who were not restrained, like them, by motives of religion. It appears, nevertheless, that dissections of human bodies were begun to be made at Montpelier, in the year 1376, by the permission which Lewis of France, duke of Anjou, governor of Languedoc, and regent of this city, gave, to take the bodies of those, who were executed; which was confirmed, in 1396, by Charles the Fifth, king of France.

The reason, which prevented the Arabians from applying to anatomy, prevented them also from opening the bodies of diseased persons, when dead, in order to discover the cause of their distempers. There are not found in their works, any observations of this kind. They are even not common in the books of physicians, who live in our times; and I do not remember to have found them any where, but in the works of Bernard Gordon, and of Valescus de Tarranta, professors of Montpelier, who have reported some.

Anatomy, which the Arabians had neglected, was replaced by a new science, unknown to the Greeks, which they had cultivated, I mean chemistry; of which the honour is due to them, from us; though there is some appearance, that they received it from the Ægyptians, who had always applied to it. There are found, in the works of the Arabian physicians, traces of this science, which leave no room to doubt, but they were possessed of it. It is certain, at least, that in Europe, their sectaries practised it with success; and whoever reads Arnold de Villeneuve, or Raymond Lully, who were great proficient in it, must be convinced of this fact.

The Arabians were very much prepossessed in favour of astronomy: and introduced it into the practice of medicine. It was necessary, on every occasion, to consult the aspects, or the conjunctions of the planets; and to observe certain consequences, that were deduced from those observations. From whence proceeded the destination of lucky, and unlucky days; and particularly the catalogue of the *Ægyptian* days.

The

The same prejudice subsisted a long time among us. It was always observed, to note, in the Almanacs, the days which were proper to be chosen for purging, and bleeding; and the physicians themselves placed a confidence in them; or, at least, durst not oppose the notion.

The prejudice went still further: and they were infatuated with relation to the virtues of talismans, made of such and such substances, under such and such constellations, with certain abjurations, marked by certain figures, in certain characters. They believed this furnished them with the means of preserving their health; of curing the disorders incident to them; and even of procuring a happy state of their affairs. I could cite a great number of instances of this: but I will confine myself to referring to the treatises of Arnold de Villeneuve; *De Sigillis*, and *De Physicis ligaturis*; and to relating the two following facts. Gerson, chancellor of the university of Paris, speaks, in one of his letters ¹ of a man, named James Angely, a physician, says he, *insignis villæ Montispeffulani*; and blames him for being superstitiously bigotted to the observation of certain days, *de observatione dierum, quantum ad opera*. He censures in like manner, in another ² letter, another physician of the same body; who, for the disorders of the kidneys, made his patients wear a talisman, on which was ingraed a lion with some characters.

There appeared, in this *epocha*, two new diseases, unknown to the Greeks, and Romans, which gave great employment to the physicians; and which became as two new branches of practice.

The first is the small-pox. It was endeavoured to be proved, that the Greek physicians knew it; and, in that view, some passages taken from their works were perverted: but the illusion did not last a long time; nor was never general. At present, all the world agrees, that this disease, peculiar to the Arabians, had remained concealed with them, so long as

¹ Tom. I. editionis postremæ Antuerpianæ. ² Tomo eodem, ad ann. 1428.

they remained themselves within the limits of their own country : but that they spread it with their conquests in Asia, about the seventh century, when they invaded Syria, Egypt, Persia, and a part of Asia Minor ; and into Europe, in the eighth century, when they became masters of Sicily, and of a part of the kingdom of Naples, as well as Spain, and a part of the province of Narbonne.

It is, therefore, from the Arabians, or Saracens, we received the small-pox ; and we have, in our turn, carried it into nations to which it was before unknown. The Spaniards¹ into Mexico : the English² into Maryland : and the Dutch into the islands of the East-Indies ; where, as is said, it makes great havock.

The other is the leprosy, or the *elephantiasis Arabum*, always common in Ægypt, Syria, and the neighbouring countries. It is the same, which Pompey's army caught, and brought into Italy ; where it soon ceased : as we have seen above, in speaking of the first *epocha*. It is the same also with which the French were infected in the crusades of the eleventh and twelfth centuries, from whence they conveyed it to France, and the rest of Europe, where it lasted 500 years ; and where it has been again extinct a long time ago.

What we have said of the different consequences, which the small-pox, and leprosy, have had with us, shows, that there happens to diseases brought from other countries to us, the same as happens to animals, and trees, which are transplanted from distant parts. Turkeys are naturalized in Europe, as common fowls : whereas parrots perish here. The same holds good, with respect to the Indian chefnut-trees which are propagated here as natural ; while the palms, dates, and pistachios, cannot be continued, whatever care be taken of them : from whence it may be concluded,

¹ Bernard Diaz de Castillo, Cap.
221.

Francisco Lopez de Gomara, Cap.
102.

Antonio de Herrera. Decad. II.
Libr. X. Cap. 4.

² Martinus Lister, *Exercitatione*
VIII. De Variolis, pag. 153.

that among animals, trees, and poisons, which come to us from foreign countries, some are easily habituated to our climate, and others cannot at all.

Ann. Dom. 1000.] AVICENNA, a Mahometan physician, whose true name was *Abubali, Alboussain, Ebenbali, Ebenfina*; that is to say, Houssain, father of Hali, son of Hali, son of Sina. From this last word, *Ebenfina*, we have made the name *Avicenna*, by which this physician is known with us.

He was born in Persia, at Bochara, in the province of Transoxana, in the year of the Hegira 370; which corresponds with the year 980 of the Christian æra; and died the year of the Hegira 428; which corresponds with *anno Dom.* 1038. He lived, therefore, only 58 years, which is imputed to the debaucheries, to which he abandoned himself.

This physician, though he lived but a short time, wrote much. We have two volumes in folio of his works, which were printed at Venice, for the Junteses, in 1595; and of which a part had before appeared at Venice, in 1500, in quarto.

The principal work of Avicenna is intitled, *Canon Medicinæ*; that is to say, the Rules of Medicine. It is divided into five books; which contain an intire course of medicine: and he speaks, in it, of several diseases of women. In the third book, the *Fen*, or section the 12th, contains three treatises, of which the two first speak only of what regards conception, pregnancy, and delivery: and the third comprehends the rest of the diseases peculiar to women.

It appears to me, that Avicenna followed the greatest part of the other Arabian physicians: but it is impossible for me to speak with a positive knowledge: because the version of Avicenna, which I have, though done by Gerard of Cremona; corrected by Andrew Alpagus; reviewed by John Costæus, and John-Paul Mongius; and published by Fabius-Paulinus d'Udina; is so bad, and so full of unintelligible places, with so many hiatuses, and Arabic words, that it cannot be understood.

Ann. Dom. 1060.] JOHN SERAPION, an Arabian physician, otherwise little known, but believed to have lived in the eleventh century, about the year 1060, or 1070.

There are extant two of his works : the one intitled, *De Simplici Medicinâ*, translated into Latin by Simon Januensi, from a version done by a Jew of Tortosa, from the Arabic.

The other is intitled,

Practica Johannis Serapiones, dicta *Breviarium* ; translated into Latin from the Arabic by Gerard de Cremona.

These two volumes were printed together in folio, at Venice, *per Bonetum Locatellum Bergomensen*, 17 *Calendas Januarias* 1497.

In this last work, which treats of all the diseases of the body, in seven tracts, Serapion makes mention of the diseases of women, in the fourth tract, in the ten last chapters ; and what he says, is intirely of the same purport with what is found in the other Arabian writers. It may be easily conceived, that these ten chapters cannot comprize all the diseases of women.

Ann. Dom. 1066.] HALY ABBAS, or, as he calls himself in Chapter III. of the work, we are going to speak of, Haly, the son of Abbas ; and the disciple of Abimeher, the son of Moses, lived in the eleventh century ; and composed, in Arabic, a book intitled,

Regalia dispositio : which is, in reality, only a treatise on diseases, divided into two parts : the one theoretic ; which contains ten books ; and the other practical ; which contains the same number.

He treats of the diseases of women ; or, to speak more properly, of some diseases of women ; in the first part, in Book IX, *chapters* 38 and 39 : and, in the second part, in Book VIII, for twenty successive chapters : but all he says, in both places, is confined to some recipes, which are long since out of use.

This work of Haly Abbas was translated into Latin, in 1127, by a person called Etienne ; as appears from what is said at the end of the book : and his translation

tion was corrected by a doctor of physick, called Antony Vital. This translation was printed, in quarto, at Lyons, for James Myt, in 1523.

Ann. Dom. 1070.] ABUBETER RHAZES, an Arabian physician, who is believed to have lived about the year 1070. Among several other works, which he composed in medicine, the most known are, the ten books dedicated to Almanzor, king of Cordova; and particularly the eleventh; which contains a *compendium* of the diseases of the whole body; and upon which there has been a great number of commentators.

There is, in this book, an intire section on the diseases of women, which contains eleven chapters: but notwithstanding the reputation, which this work had for a long time, there is nothing in it, which merits observation: except that he often quotes Avicenna, which proves, he lived after that physician.

This work of Rhazes, joined to another treatise, which I believe to be composed by the editor, under the title of *Libellus familiarium introductionum in artem parvam Galeni*, was printed, in folio, at the Hague, under the direction of George Kraut, doctor of physick.

Ann. Dom. 1070.] CONSTANTINE, a Christian physician at Carthage, although this city was under the dominion of the Saracens, understood the Arabic, Greek, and Latin languages; and made several translations of different works of Arabic physicians. He retired at last into the Pouille, a part of Naples, near Robert Guiscard, duke of that province; and became a monk at Monte Cassine. The connections he had with duke Robert, who lived in 1060; with Didier, abbot of Monte Cassine, who was pope under the name of Victor III; and who died in 1087; and with Alfano, who was the first archbishop of Salerno, in 1070, and to whom he dedicated his treatise *De stomachi affectionibus*; leave no room to doubt, he lived in 1060, 1070, or 1080.

There is a collection made of several of his works, that was printed at Basil, 1536: in which is a little treatise, *De Passionibus Mulierum, & Matricis*; but this

this treatise, which is, in all, only three pages, contains nothing worthy of notice.

Ann. Dom. 1085.] ALBUCASIS, a Mahometan physician, whose Arabian name is *Aboul-Casem*, lived about the year 1085. He left, besides several other works, which are not come down to us, a treatise of surgery, intitled,

Manualis Medicina, printed *cum Chirurgicâ Guidonis de Cauliaco*. Venetiis, 1500, in folio.

This work of Albucasis has been translated, from the Arabic into Latin, by Gerard de Cremona; who asserts, that it is only the thirtieth part of a larger work, composed by Albucasis, under the title of *Azaragi*.

However that may be, the book of Albucasis, of which we are speaking, is divided into three parts. In the second part, from the LXXIst to the LXXVIIIth chapter, he treats of the diseases of women, where surgery must be called in aid; as in deliveries; the extraction of a dead *fœtus*, or *placenta*; cancers, and abscesses of the *uterus*, &c. These eight chapters have been inserted in the collections of Wolphius and Spachius.

Ann. Dom. 1100.] AVENZOAR, in Arabic ¹ *Aben Zohr Alandalauft*, son of Zohr, the Andalusian, a celebrated physician, born in Andalusia, was a Jew by religion. Averroes ² quotes, and praises him; and pretends, that he lived 135 years. There is no obligation to believe this: but it must, however, be inferred, that Avenzoar lived before him; and, consequently, in the beginning of the 12th century.

We have only one work of Avenzoar, under the title of *Thaisir*, or *Theisir*; of which this is the title in Arabic.

Liber Theisir dabelmodana vakelsabir: that is to say, *Rectificatio medicationis & regiminis*. Venetiis, 1496, in folio.

¹ D'Herbelot, *Bibliotheq. Orientale*. au mot *Zohr*.

² *Libr. IV. Colliget. Capitulo de diebus criticis*.

This work, which treats of all diseases, is divided into XXVI tracts. In the XXIst he speaks, *de passionibus matricis*, in seven very short chapters; of which, I believe, it may not be improper to give the titles.

I. *De matrice & defectu conceptionis.*

II. *De apostematibus matricis.*

III. *De corrosione matricis.*

IV. *De laxitudine & dislocatione matricis.*

V. *De superfluitate fluxûs menstrui.*

VI. *De retentione superfluâ menstruorum.*

VII. *De opilatione & plenitudine carnis, & scissurâ in ore matricis.*

Ann. Dom. 1170.] AVERROES, in Arabic, *Eben Rhosch*, a Mahometan physician, who lived at Cordova, about the year 1170, has left several works of medicine: among which, one of the most celebrated is, that known by the name of *Colliget*, printed at Venice with the works of Abhomeron Aben Zoar, *apud Gregorium, de Gregoriis*, 1496, in folio; and, since that time, in several other places, in various forms.

This *Colliget* is a very short *compendium* of all diseases, divided into VII books. In the IIIrd, Averroes speaks, in Chapter XXIX. of the diseases of the *uterus*; and again, in Chapter IX. of Book IV: but what he says is so trivial, that this work does not merit to be put in the number of treatises on the diseases of women.

Ann. Dom. 1250.] NICOLAS BERTRUTIUS, of Bologna in Italy, lived, as is believed, in 1250. He left a work in medicine, intitled,

Collectorium artis medicæ tam practicæ, quàm speculativæ. Lugduni, 1509, in 4to.

This work has been reprinted since under different titles. It is divided into two books: the first, of particular diseases; and the second, of general diseases. The first book is subdivided into four sections.

In the third, the author treats of some diseases of women; of which he relates, in brief, the causes and symptoms,

symptoms, without adding any thing relative to the method of cure. The physician, who has given an edition of this book, printed at the Hague, in 1533, being willing to recommend the work he published, says, in an advertisement which he prefixed at the beginning of the edition, that this treatise is the abridgement of the third and fourth book of the Canon of Avicenna; which is, however, no great praise in our time.

Ann. Dom. 1250.] TROTULA. There is, under this name, a treatise of the diseases of women, intitled, *Gynæciorum liber, curandarum ægritudinum in, ante, & post partum.*

This little work, which contains 63 short chapters, was printed at Strasburg, in 1544, under the direction of George Kraut; and since, at Paris, in 1550. It has been inserted, also, in the two collections of authors, who have written on this subject.

This book, although of very little importance, has, however, given occasion to several disputes. Some ascribing it to one Eros, a physician, emancipated by Julia, the daughter of Augustus; of whom nothing else is known: and others regarding it as the work of a midwife of Salerno, called Trotula.

But this dispute does not appear difficult to be decided. It is to Trotula this work is attributed in the first edition; which was made at Strasburg, conformably to the manuscript; from which it has been printed: and Trotula is there named in chapter 20, on occasion of the cure of a patient, that had been put under her care. It must be, therefore, this Trotula who composed the work. Moreover, why should be ascribed to a pretended Eros, the physician of Julia, a book, in which the Saracens are mentioned, chap. 61; in which, in the same chapter, cosmetic remedies are spoken of, which were used by the women of Salerno: in which there is quoted, in the 17th chapter, Cophon, a modern; and in which, to conclude, camphor is ordered in chapter 61; though this drug was not known in the time of Augustus.

It is believed, that this book ought to be dated in the year 1250; because it was scarcely till about that time there could be any Saracen women, who practised physic in Salerno; as Trotula says, chapter 61. As Cophon is quoted in chapter 17, the time when Trotula lived might be fixed with more precision, if it were determined when he lived: but that physician is scarcely better known than Trotula. We have two little works by him, printed at the end of Mesue, at Lyons, in 1539. The one intitled, *Modus medendi*; and the other, which is shorter, *De anatomiâ porci*. I have taken the trouble to read both: but all that I have collected, is, that he quotes *Passionarium Galeni*; that is to say, *Gariopontus*, and *Constantine*, who were both of the year 1000: which, without determining more, proves he lived after that time.

Ann. Dom. 1290.] HENRY of Saxony, *Henricus de Saxonia*, a disciple of Albert the Great, lived, consequently, in the thirteenth century.

The following two treatises are ascribed to him.

De Secretis Mulierum. Augustæ, 1489, in 8vo.

De Secretis Naturæ. Francofurti, 1615, in 8vo.

These two treatises are on the diseases of women, conception, pregnancy, delivery, and the consequences of delivery: but they contain so many false and superstitious matters; and the little truth intermixt, is so ill explained, and so negligently treated, that they do not merit to be read.

Both these treatises have been given to Albert the Great, a religious Dominican, and bishop of Ratisbon, esteemed a man of learning of the first rank, in the thirteenth century. Peter de Prusse, a monk of the Dominican order, endeavours, in the life of Albert, to free him from the disreputation of being the author of such a work: and he attributes it to Thomas de Cantipré. I do not know what reason he had; but I find that both of them are given to Henry de Saxonia, the disciple of Albert, in all the editions which I have seen.

Ann. Dom. 1305.] BERNARD GORDON, a celebrated professor of the faculty of medicine at Montpellier, begun to teach in 1285. Ten or eleven years after; that is to say, in 1296; he read there a treatise on the *therapeutic*, intitled, *De decem ingeniis seu indicationibus curandorum morborum*: and nine years after, being the twentieth year of his professorship, he read there, in 1305, a more considerable treatise, intitled, *Lilium medicinæ*; which is a general course of the diseases of the human body. They were fond, at that time, of giving pompous titles to works: as of *Flos florum*; *Lumen luminum*, *Rosarium philosophorum*, &c. and it is not surprizing, that Gordon has followed this bad custom. It is diverting to hear the reason, which determined him to give this title to his book. *Hunc librum*, says he, *intitulo Lilium medicinæ. In Lilio enim sunt multi flores, & in quolibet flore sunt septem folia candida & septem grana quasi aurea. Similiter liber iste continet septem partes, quarum prima erit aurea rutilans & clara alie autem sex partes erunt candidæ.*

In the seventh book of this work, Gordon speaks of the diseases of women, from Chap. VIII. to Chap. XVIII. He follows every where the methods of the Arabians, who were his guides: but he is more clear, and more methodical; and sometimes he confirms what he says by observations.

The first edition of this work was printed at Venice, in 1494, in folio.

Ann. Dom. 1350.] JOHN PLATEARIUS, a physician of Salerno, who lived in the fourteenth century, composed two different treatises: the one intitled,

Liber de simplici medicinâ, dictus Circa instans, which comprises the *materia medica*:

The other intitled,

Practica brevis morborum curandorum, in which all the diseases of the body are treated of.

In this last work, the author speaks of the diseases of women; and according to the methods of the Arabians.

These two works of Platearius were printed with those of Serapion at Venice, in folio, 1497.

[Ann. Dom. 1418.] VALESCUS DE TARANTA of Portugal. He begun to practise physic at Montpellier, in the year 1382: and, thirty years after, he wrote there, 1412, a great collection of practice, under the title of *Philonium*.

This work is divided into seven books: and it is worth while to hear the reasons, which induced Valescus to make this division, *Rationabile mihi visum est*, says he, *hunc librum in septem particulas esse partiendum*

1°. *Enim sunt septem verba, quæ Dominus noster Jesus Christus Salvator noster in cruce pendens locutus fuit; septem sunt dona sancti Spiritus; septem sunt gaudia Virginis gloriosæ; septem sacramenta Ecclesiæ; septem petitiones Dominicæ oratione; septem sunt virtutes, &c.*

In the sixteenth book of this work, the author takes up twelve chapters in treating of the greatest part of the diseases of women. The stile is barbarous: but the practice of physic is better treated of than it had been by the Arabians, or their followers. There are found, in this book, some observations, as well as in that of Gordon, which are not to be met with in the other authors of that time.

The first edition of the *Philonium* was printed at Lyons, in 1490, in folio.

[Ann. Dom. 1440.] MARK GATINARIA, a physician of Pavia, in the fifteenth century, is only known from a course of medicine; or, to speak more properly, from a commentary on the ninth book of Rhasis to Almanzor, printed at Lyons in 1506, in quarto; and in octavo, at Paris, in 1540, under the title of

Marci Gatinariæ de curis ægritudinum particularium, Noni Almanzoris Præctica uberrima.

There are, in this treatise, six chapters, in which he speaks of the diseases peculiar to women; of which he gives the method of cure by instances; *cura exitus matricis, cura superflui fluxus menstruorum, cura retentionis menstruorum, cura præfocationis matricis, cura rhagadiarum vulvæ & ejus apostematis, cura molæ matricis.*

There

There is not any theory in these chapters; but only methods of cure; or, to speak more properly, a collection of different recipes, in the manner of the Arabians; and, for the greatest part, taken from them. For he quotes them in every page. He cites, also, some physicians more antient than himself; as John Arculanus, Gerard de Solo, professor at Montpelier, Matthew de Gradibus, and several others.

Ann. Dom. 1440.] ANTHONY GUAINER, professor at Pavia, practised physic at Milan: where he appears to have been one of the physicians of duke Philip-Maria Visconti.

He composed a course of medicine, printed under this title,

Practica celeberrima Viri Antonii Guainerii, Papiensis Medicinæ Doctoris clarissimi, printed at Pavia, in 1518, in quarto; and afterwards at Lyons, in quarto also, in 1525.

In this work, there is a considerably long treatise, intitled, *De ægritudinibus matricis*; which contains twenty-seven chapters. It is dedicated *Philippo-Mariæ, Mediolani ac totius Liguriæ Duci*: to Philip-Maria, duke of Milan, and all Liguria; that is to say of all the state of Genoa; of which this duke of Milan was sovereign.

This dedication can only be understood to be to Philip-Maria, second son of John Galeas Visconti I. Therefore, as he only died in 1447, it results, that this treatise, which is dedicated to him, must be prior to that year. The duke had no legitimate children, but was greatly desirous to have some; and had, upon that account, been married only a short time before: as appears by what Guainerius says of him in his dedication; *Dii boni! quanta voluptas populos tuos Italiæ invaderet, si eam audierint ex duce clarissimo natam, duci magnanimo copulatam, filium parenti & viro per-similem enixam.*

The treatise which Guainerius dedicated to his sovereign, appears to have been composed with the design of facilitating this happy event. For it turns intirely

intirely on conception, pregnancy, and delivery: and he expatiates very largely on the difficulties, which may hinder conception; and on the means of removing them: but what he says on that head is nevertheless trivial. This treatise has, however, been commented on by John Faucon, a learned professor of the faculty of Montpellier, as well as the rest of the work of Guainerius.

Ann. Dom. 1456.] ANTHONY CERMESONUS, born at Padua, filled one of the highest offices in the university of that city; and was the master of John Michael Savonarole. It is believed, he died in 1458.

He left a book of medicinal instructions concerning almost all diseases, to the number of 153, printed first at Venice in 1503, in folio; and since in several other places; almost always joined to medicinal instructions by Bartholomew Montagnana, professor at Bologna.

Amongst the instructions of Cermesonus, there are twenty-two heads, which relate to the diseases of women, from the 112th to the 133d. They are however nothing more than a collection of recipes ill digested; and afford an instance to what lengths the *polypharmacy* of the Arabians, and their followers, was carried.

Ann. Dom. 1486.] JOHN MICHAEL SAVONAROLE, a physician and professor at Padua, has left a medicinal work, printed at Pavia, in folio, in 1486; and since reprinted in several places; which was divided into six books, or treatises. The five first are on the quality and nature of different kinds of food; or on the *materia medica*.

In the sixth, particular diseases are begun to be spoken of with order; and in the twenty-fourth chapter, those of the *uterus* are treated of in twenty-four rubrics; that is to say, twenty-four paragraphs. What is said regards rather conception, pregnancy, and delivery, than the common diseases of the *uterus*.

Ann. Dom. 1490.] GALEAS DE SANCTA SOPHIA, a native of Padua, and a celebrated physician in 1490, is only known by a commentary, which he made on the IXth book of Rhasis to Almanfor. This com-

mentary is in the edition of Rhasis, published by the procurement of George Kraut, doctor of physic, who has been mentioned above, in the article of Rhazes, page 331 ; and it is disposed into articles, at the end of each chapter.

Ann. Dom. 1500.] ALEXANDER BENOIT, of Verona, passed in his youth¹ into Greece ; and into the island of Candia², where he practised physic a long time, principally at Modon in the Morea, and at Cannæ. On his return from this voyage, he fixed himself at Venice, in 1495 ; at which time, engaged by the rewards³ which were proposed to him, he accepted the office of physician to the Venetian army, that was designed to oppose Charles VIII, king of France, and was beat at Fornoua, in 1495. It appears, by a letter written to Benoit himself⁴, that he was living in 1508 ; and it may be even proved⁵, that he was still alive in 1511, by a passage in his works, where he speaks of an earthquake, which happened the same year in Italy.

The principal work of this author, is a course of medicine, intituled,

Omnium à vertice ad calcem morborum signa, causæ, indicationes & remediorum compositiones, utendique rationes generatim libris XXX conscripta.

These thirty books are all dedicated to the emperor Maximilian I ; and, consequently, were composed before 1519 : since that emperor died the same year.

Among these thirty books, there are three of them which treat of the diseases of women : the XXVth, XXVIth, and XXVIIth. In the first, there are thirty-nine of the chapters, which treat of nothing but the diseases, that relate to conception, pregnancy, and delivery : but in the two others, a very particular disquisition is entered into, of all the other diseases of women ; of

¹ Medicin. Libr. I. Cap. 2. *ronensibus.*

Libr. XXVI. Cap. 4.

² Anatomices. Libr. I. Cap. 14.

Libr. III. Cap. 9.

³ Chiecus. *De illustribus Ve.* 29.

⁴ Par Jacques Antiquarius. Elle est à la tête du Livre.

⁵ Medicin. Libr. XXIII. Cap.

all the irregularities of the *menfes*; of the hysteric passion; and of the inflammation, abscesses, ulcers, and cancers, of the *uterus*. But there is no mention made of the *furor uterinus*.

This author appears extremely well informed of the doctrine of the Greek physicians, and authors: and there is found in every chapter the real substance of what Galen, Paulus Eginetus, Oribasus, Empedocles, and Atheneus, have said on different subjects, in such manner, that this work may pass for an abridgment of the Greek physicians.

T H I R D E P O C H A.

THE revival of letters, which happened at the end of the fifteenth century, or at the beginning of the following, gave a new form to medicine. Constantinople was taken by the Turks, in 1453; and the empire of the East destroyed. The men of letters, who could save themselves, took refuge in Italy, and France: whither they carried their sciences, and their books. An emulative application was then made to the study of the Greek, and of the authors who had written in that language: and this ardour extended itself even to the Latin languages, and authors: which had been neglected before; and which were now begun to be studied with good effect.

This soon put the physicians in a condition to make a considerable progress in their own science. Those, who learnt Greek, perused the works of Hippocrates, Galen, and the other Greek physicians in that language; and made translations of them for those, who could not read the originals. By this means, every body studied the books of those physicians; and printing, the art of which was discovered some time before, rendered them common. The merit of them was easily distinguished: and there was no hesitation made to prefer the doc-

trines found in them to those of the Arabians; and particularly, the method and good sense with which they were delivered, to the confusion and barrenness of the works of the others. The whole attention was therefore turned to reading and interpreting Hippocrates and Galen; and Avicenna and Rhasis, whose authority had continued too long, were now neglected.

Particular application was made with great earnestness to study Galen; clear up his difficulties; reconcile his contradictions; extend his consequences, and add strength to his weak places. In short, nothing was neglected to give solid body to a phantom; and it would have been performed, if it had been possible. It is not, perhaps, an exaggeration to say, they understood Galen, at that time, better than Galen even understood himself.

The Grecian art of medicine was then restored; and though the term of this *epocha* was not long, yet it afforded a great number of learned authors, and well composed books. A body of medicine was then formed, that was complete, uniform, connected in all its parts; and in which, the fundamental points, which the Greeks had taught, and the Arabians themselves had not laid aside, were examined, explained, and confirmed. The nature, kinds, causes, and differences, of each disease, were more accurately distinguished: the symptoms, that might be subservient to the predicting them, were noted with more care; as well as the prognostic that might be made on them; and lastly, the intentions of cure, that arise in the treatment of them, which it is necessary to effect for the cure, were better determined.

As the fugitive Greeks retired first into Italy, it was consequently first there, that letters begun to flourish. The protection, which Francis the First, the father of learning, gave to learned men, and the endeavours which he made to allure them into his kingdom, by benefactions, procured, in a short time, to his subjects, the happiness of sharing the same advantages. But the Italians got the start: and from
thence

thence proceeded, the reputation which the universities of Italy, and chiefly that of Padua, had in the sixteenth century in all sciences, as well as medicine.

We have already mentioned, that this *epocha* was not long. It reached down only to the middle of the seventeenth century, when the discovery of the circulation of the blood, and the introduction of a new philosophy, produced a considerable revolution in medicine ; as we shall see below.

In this *epocha*, the attachment to the study of pharmacy continued : but with less excess, than among the Arabians. The *polypharmacy* was greatly retrenched, but within such limits, as still left medicine overloaded with a great number of useless, inefficacious, and superstitious remedies.

Botany was studied with more earnestness, than with the Arabians : and we owe to this *epocha*, Tragus, Clusius, the two Bauhins, and a great number of other able botanists, who have reduced to order the chaos of this science : and who laboured with success to discover, and distinguish the plants, of which the antients had made use.

Application was, also, made to chemistry, of which it appears, the knowledge was derived from the Arabians ; and possibly this application was in too great a degree. Paracelsus, who was, in fact, very ignorant in medicine, but furnished with some chemical remedies, which he had the art of recommending, acquired a great reputation ; and made a new sect in medicine, devoid of reason ; but which, however, supported itself a long time ; and brought a disgrace on the true art.

Anatomy was now better cultivated, than it had hitherto been. There may be reckoned in this *epocha*, a great number of celebrated anatomists : Sylvius, Vesalius, Columbus, Valverde, Fallopius, Eustachius, Adrian Spigelius, Andrew du Laurent, Jerom Fabricius de Aquapendente, Gaspar Asellius, &c. : who have very much enlarged the bounds of this science, and made important discoveries : but seem rather to have confined themselves to describing the bones, muscles,

and vessels, than to have made researches into the structure of the *viscera*; which constitutes, nevertheless, the part of anatomy most essential to medicine.

In proportion as a progress was made in anatomy, the opening the bodies of diseased persons after their death, and the observations, which were made in consequence of it, became more frequent. There might be collected, of those which were furnished in this *epocha*, short as it was, a great number: of which several have been very useful in fixing the true seat, and the real cause of some diseases.

In this *epocha*, the same infatuation, with respect to judicial astrology, did not prevail, as in the preceding: but there was yet strong remains of it. This folly had spread its roots too deeply in the minds of many, and had the authority of too great suffrages to be easily extirpated. We may add, that it was too well adapted to weak and credulous minds, which make the greatest number, ever to afford hopes of curing the public of it.

As to talismans, it appears, that they were greatly laid aside in this *epocha*: and that, if any confidence was still placed in them, it was only among great persons, of whom the majority are, with respect to this matter, more vulgar than the vulgar themselves. It is to the famous talisman, of queen ² Catharine, supposing it was a talisman, which appears probable, that I mean to allude.

In this *epocha*, two new diseases appeared, which subsist yet: the VENEREAL DISEASE, and the SCURVY.

The *venereal disease* is an exotic distemper, which the Spaniards contracted in the island of Hairi, or Hispaniola, at the end of the fifteenth century; brought with them to the war, in Naples, in 1493; and communicated to the Neapolitans, and French,

¹ It was not yet removed in the beginning of this *epocha*, if we may judge by the following book, *Nova Medicinæ Methodus curandi morbos ex Mathematicâ Scientiâ de-*

prompta, Job. Hasfurto Virdungo, Medico & Astrologo doctissimo Authore. Hagenoæ, 1533, in quarto.

² Mémoires de Trévoux, Décembre, 1704.

from whence it was transmitted to all the other nations of Europe. I will not enumerate the proofs of this here; because I have amply displayed them in the treatise, *De Morbis Venereis, Book I*; whither I think proper to refer those, who may be curious to see the particulars.

This disease was very violent in the beginning; and though it has abated much of its original force, must yet be placed among the number of the greatest evils, that can befall mankind. The physicians, who saw its first rise, and were astonished at it, fought with emulation for new remedies to overcome it; and at last succeeded. After many trials and disputes, they found, that mercury, killed with lard, and employed by friction, was a safe and efficacious remedy against this disorder. There is no disease, in which a greater dependance may be had on the remedy which is used, where the sagacity and prudence of the physicians, who have invented and employed it, merit more applause; and where the certainty of the medicine is more evident.

As to the *scurvy*, it appears, that they formerly had some knowledge of it. The *stomacæ*, and the *scelotyrbe*, which the Roman army, commanded by *Ælius Gallus*, contracted in Arabia, according to what ¹ *Strabo* has said, and the same diseases which infested, according to ² *Pliny*, the army which *Germanicus* sent into Germany, over the Rhine, appear to have been the *scurvy*, if we may judge by the description they have given of them. I believe even the great spleens, *lienes magni*, or *ileos hæmatites*; the colic, of which *Hippocrates* speaks ³ in several places; and the *oscedo*, against which ⁴ *Marcellus* proposes remedies; have been scorbutic affections; or such as approach nearly to them. These instances prove sufficiently, that the *scurvy* has appeared formerly on some occa-

¹ *Geograph. Lib. VI. circa finem.*

² *Histor. Natural. Lib. XV. Cap. 3.*

³ *Prædictorum, Lib. II. Lib. De internis affectibus.*

⁴ *De re Medicâ. Cap. II.*

sions; but not that it was a common disease; as it has been now for two hundred and fifty years.

This disorder has always been, as it is yet, an *endemic* disease, in the countries bordering on the Germanic ocean, and the Baltic. They call it in their language *schorbock*, or *schorluck*; which signifies, as they say, a disorder of the belly; because it is a common symptom of this disease; and from them we have taken the name of *scurvy*, which we give it. It is believed to be peculiar to these countries, on account of the marshy air which is breathed, and the bad quality of the food, which is eaten there. The rest of Europe, where the air and diet are better, were exempt from it, till the end of the fifteenth century, and the beginning of the following.

At that time, the long voyages, which the love of riches occasioned to be made into the East-Indies, and America, then newly discovered, rendered it common: because the crews of the ships were attacked with it, on account of the bad air they breathed in the vessels, particularly betwixt the decks; the bad quality of the food which is often spoiled, before they eat it; and the fatigue to which they are exposed. It is observed, that this disorder is contracted in the same manner, and for the same reasons, in close prisons that are foul, where the people are ill fed, and confined for a long time; as well as in hospitals, where the patients are kept too close, and badly attended.

In general, the scurvy is a disease of poor people, ill fed and lodged; particularly when they fall into any languishing illness, which augments still more the poverty of their blood.

There are, however, rich people, who are also subject to it; for the extremities meet in the same point with relation to this matter: but it is from the opposite reasons; that is to say, because they eat too much; use a diet too succulent, and high dressed; and take too little exercise; which communicates a vicious acrimony to the blood.

¹ See Eusebius, *De Scorbuto*.

It were to be wished, that we had a remedy as safe and efficacious against the scurvy, as against the venereal disease. But we have, however, such as will cure it effectually, provided it be not suffered to run to the last extremity, and that a long perseverance be had in the use of the proper means.

I am not of opinion, that we should include among the new diseases of this *epocha*, the purple fever, called by the Italians the *petechiale fever*; because they give the name of *petechie* in their language to the red, or purple spots, without elevation, and like the bites of fleas, which appear in this disease. I am not, however, ignorant, that ¹ Alexander Trajan Petronius has fixt the origin of it in the year 1530: and that Jerom Fracastorius ² has pretended, that it did not appear before 1505, or 1508. But whoever is at all conversant with the works of the antients must know, that the red or violent-coloured *exanthema*, or efflorescences, which constitute the *petechie* of the Italians, and the purple spots of the French, are an antient and common symptom of continued fevers, and particularly of such as are malignant, though they do not always accompany them. From whence it may be easily judged, that Petronius, and Fracastorius, have not meant to speak of a disease, that is intirely new, but of the return of a fatal accident, which sometimes attends an antient disease; and this may be inferred from the expression of Fracastorius; who says, that these fevers had been *majoribus etiam nostris cognitæ*.

Ann. Dom. 1525.] LEONELLUS FAVENTINUS DE VICTORIIS, or rather *Leonellus de Victoriis, Faventinus*; that is to say, of Faventa, professor of physic at Bologna, and a celebrated commentator on the IXth book of Rhasis to Almanzor. It is believed he died ³ in 1530.

¹ *Tractat. de Morbo Gallico, Cap. 6.*
² *Lib. VI. Cap. 1.*

³ *In Epistolâ nuncupatoriâ Libro*

² *De Morbis Contagiosis, Lib. II. præfixâ.*

Practica Medicinalis. Lugduni, 1554, in 16°.

At the end of this work, which undertakes to treat of all diseases, in LXXVII chapters, is found the following little treatise ;

De matricalibus affectibus compendiolum saluberrimum.

This little treatise contains the six following chapters :

I. *De suppressâ muliebri purgatione.*

II. *De nimia expurgatione muliebri.*

III. *De cursu sive fluxu humiditatum albarum, seu de cursu matricis secundum Avicennam.*

IV. *De præfocatione matricis.*

V. *De apostemate matricis.*

VI. *De præcipatione seu descensu matricis.*

The author had not had the advantage of reading the Greek physicians. There is nothing found in his works, but the pure doctrines of the Arabians ; and the editor, John Kufner, has joined to it some *scholia* of the same cast.

Ann. Dom. 1530.] JASON PRATENSIS, of Zuider-Zee in Zealand, a physician, who lived about the year 1531 ; and was eminent.

Libri duo de Uteris, in quibus Lector candidus opulentissimam simul ac lautissimam naturalium rerum & historicarum supellectilem inveniet. At Antwerp, 1524, in 4°.

Liber de arcendâ sterilitate & progignendis liberis, doctus & elegans. Ibid. 1531, in 4°.

Ann. Dom. 1536.] LEWIS BONACIOLUS, a physician at Florence.

There are two treatises of this physician on the diseases of women : the first,

De uteri, partiumque ejus confectione. Ejusdem, *quonam usu in absentibus etiamnum Venus citetur ? Quod, quale, undeque prolificum semen, unde menstrua ? &c.* Argentinæ, 1537, in 8°.

The other :

De conceptionis indiciis, necnon maris fœmineique partûs significatione. Ejusdem, *quæ utero gravidis accidunt & eorum medicinæ, prognostica, causæque effluxionum*

*Also Felis Formatione seu Opera
seu Pinax Lug Batav 1650*

fluxionum & abortuum, & proceriatis improceritatisque partuum cause. Argentinæ, 1538, in 8°.

Ann. Dom. 1540.] DENNIS FONTANON, of Montpelier, professor of physic in the faculty of that city, in 1526, and who was yet living in 1644.

Practica Medica, sive de morborum internorum curatione Libri IV. In lucem dati à Johanne Renerio, qui singulis capitum initiis causas & signa morborum ex veteribus Classicis appinxit. Lugduni, in 8°, 1550.

In book the third, Fontanon treats of the diseases of women, in fifteen chapters. The theory, and the practice of this author, are not quite so much in the cast of the Arabians, as that of Bernard Gordon, or Valescus de Taranta: but they are nevertheless much so.

Ann. Dom. 1540.] NICHOLAS DES ROCHES, *Nicolaus Rocheus*, a French physician.

De morbis mulierum curandis Liber, partim ex veterum Græcorum, Latinorum & Arabum monumentis, partim experientiâ propriâ confectus. Parisiis, 1542, in 12°.

Ann. Dom. 1548.] LEONARD FUCHS, *Leonardus Fuchsius*, a physician of eminence, born ' in 1501, in Westphalia, in the higher Bavaria, studied physic at Ingolstadt, where he took the degree of doctor, and was professor for some time. He was afterwards physician to the marquis of Brandenburg; and, at last, in 1535, filled the professor's chair at Tubingen, in the Virtemberg, where he died in 1566.

This author published a course of physic under the following title:

De curandi ratione Libri VIII, causarum, signorumque catalogum breviter continentes, partim olim conscripti, & nunc postremum recogniti, multisque locis aucti. Basileæ, 1548, in 8°.

In book III of this work, Fuchsius treats, in twelve chapters, of some diseases of women: as chapter LIII. *De suppressis mensibus.* LIV. *De redundantibus mensibus.*

† Ex oratione funebri Leonharti Fuchsi, *Operib. Fuchsi præfixâ* in edit. Francof. ann. 1604.

LV. *De fluore muliebri.* LVI. *De uteri suffocatione.*
 LVII. *De uteri procidentia.* LVIII. *De molâ.* LIX.
De inflammatione uteri. LX. *De inflatione uteri.* LXI.
De uteri exulceratione. LXII. *De phimosi uteri.* LXIII.
De sterilitate removendâ. LXIV. *De difficultate partûs.*

This work is very well written in Latin, and very perspicuous and methodical: but it contains nothing, but what is common; and is not equal to the treatises written on the same subjects, by other physicians, who came after him in this *epocha*.

He declares ¹, that he published it only to banish the books of the Arabians, and their followers, out of the hands of German physicians, who were infatuated with them: *Nil, says he, vel pauci per universam nostram Germaniam reperti sunt Medici, qui non constanter eam quam ab Arabibus ac recentioribus quibusdam Barbaris certè, & ineptis admodum hominibus præscripta est in curandis morbis rationem secuti sint, ac ita mordicus etiam tenuerint, ut ne latum quidem unguem ab illâ discesserint.*

Ann. Dom. 1554.] JAMES RUEFF, a surgeon at Zurich.

De conceptu & generatione hominis, & iis quæ circa hæc potissimum considerantur, Libri IV. Insertæ quoque sunt figuræ variæ fætûs, primò in utero siti, deinde in partu, mox etiam matricis & instrumentorum ad partum promovendum & extrahendum pertinentium, necnon postremò variorum monstrosorum insuper. Tiguri, 1554, in 4°.

Ann. Dom. 1554.] JAMES DU BOIS, *Jacobus Sylvius*, of Amiens, doctor of physic of the faculty of Montpellier, and bachelor of that of Paris, an eminent physician, died in 1555, aged 77 years.

Among several other works, that René Moreau, doctor of physic of the faculty of Paris, has collected, in one volume, in folio, in 1630, there is a treatise, which had already appeared, under the title of

¹ In epistolâ nuncupatoriâ datâ ad Christophorum Ducem Wirtembergensem.

De mensibus mulierum, & hominis generatione Commentarius. Basileæ, 1556, in 8°.

Ann. Dom. 1554.] JOHN FERNEL, of Clermont in the Beauvoises, near Amiens, was admitted doctor of physick in the faculty of Paris, 1528. He practised physick in that city with great eminence; and composed several works, which have done him honour. He was chosen by Henry II. of France to be his first physician: and filled that office with reputation. It may be depended upon, that he died in the month of March, 1558, aged 72 years: as G. Plantius says in his life: though the register of the faculty, revised by Guy Patin, who was of another opinion, gives him only a life of fifty-two years; as well as the epitaph, which the Barjots had put on the tomb of their grandfather, which was composed by the same Guy Patin.

Fernelius composed a particular pathology; and, in the third book of it, where he treats *De morbis partium quæ sub diaphragmate sunt*, there are three chapters on the diseases of women:

XV. *Uteri affectus, causæ, signa & curatio.*

XVI. *Uteri symptomata, horumque causæ, prognostica, curatio.*

XVII. *Sterilitatis causæ, prægnantium signa, symptomata, horumque casus, indicationes, prognostica, curatio.*

In these chapters, the diseases of women are explained according to the doctrines received in his time: and, as the chapters are short, the diseases are rather enumerated than explained. The most important passage is, what he says, in speaking of the hysteric passion, and believed on the authority of Galen; that the *uterus* could not change place: but that he had often, in the fits of this disorder, felt it rise under his hand, like a ball, up to the stomach, and compress it. By which it appears, that he mistook the *globus hystericus*, or ball formed by the convulsion of a portion of the intestines, so common in hysterical women, for the *uterus*.

Ann. Dom. 1555.] BALDWIN RONSSEUS, of Gant, a phyfician at Goude.

De hominis primordiis, hystericisque affectibus, & infantilibus aliquot centones. Lovanii, 1559, in 8°.

There was published, after the death of this author, a collection of some of his works; in which is found one on the diseases of women.

Opuscula Medica. I. Epistolæ Medicinales. II. De Morbis Muliebribus. III. De Venatione Medicâ. IV. De Scorbuto. Accesserunt quidam aliorum celebrium Medicorum de Scorbuto Tractatus. Lugduni Batavorum, 1618, in 8°.

Ann. Dom. 1555.] JOHN BAPTIST MONTANUS, of Verona, a celebrated professor at Padua.

De uteri affectibus.

This treatise is in the second volume of a collection of several works of Montanus, made under the direction of Jerom Donzellinus, in two volumes, octavo; and printed at Basil, 1558. This treatise had been before printed at Paris, in 16°, in 1556.

The same author gives instructions also, concerning the diseases of women, in a treatise, intitled,

Consultationes de variorum morborum curationibus, augmented by John Craton of Crafftheim, and printed at Basil, in 1583, in folio.

Ann. Dom. 1558.] PETER DE BAYRO, of Turin, where he taught medicine a long time. He was born about the year 1468, and died in 1555, aged near 90 years.

De Medendis humani corporis morbis Enchiridion, vulgò Veni mecum dictum, cum adjuncto ejusdem Tractatu de Peste. Lugduni, 1561, in 12°.

This little treatise was published, after the death of the author, by Theodore Zwinger, a phyfician at Basil. It is a very brief *compendium*, in the manner of the Arabian phyficians, filled with recipes, that are found in all the Arabian authors of that time; in which little is said on the diseases of women, and nothing but what may be seen every where.

Ann. Dom. 1560.] VICTOR TRINCAVEL, of Venice, professor at Padua; and successor to Montanus, in 1551. He died, aged seventy-two, in 1568.

Victoris Trincavelli omnia Opera in duos tomos digesta, Lugduni, 1586, in folio.

In the first volume is found a course of medicines, intitled,

Prælectiones de ratione curandi omnes humani corporis affectus, in XII. Libros distinctæ.

In the twenty-five first chapters of the eleventh book, the greatest part of the diseases of women are treated of, according to the method of the times of the author.

In the second treatise, are three books of consultations of physic; among which, there are three, that relate to the diseases of women; and have been inserted in the collections of Wolphius, and Spachius.

Ann. Dom. 1560.] WILLIAM RONDELET, born at Montpellier in 1507, studied physic in the faculty of the same city, where he took the degree of doctor, 1537; was made professor, 1545; and chancellor in 1556. He died at Realmont, in the diocese d'Albi, in 1566, aged fifty-nine years.

Besides several other works, he left the following treatise;

Curandi morbos Methodus, quæ vulgò Practica dicitur, in tres Libros distincta. Lugduni, 1583, in 8°; and since printed again several times elsewhere.

In the third book, the author begins to speak of the diseases of women, in the LIXth chapter: and he continues the same to the LXXVth. He says but little: and if a judgment be made from that, and from his history of poisons, it may be easily decided, that he was more learned in natural history, than in medicine.

Lawrence Joubert takes notice, at the end of the life of Rondelet, that this professor had left him four small treatises to be printed; of which some related to the diseases of women: to wit,

De impedimentis generationis.

De affectibus gravidæ, parturientis & puerperæ.

De affectibus infantium & puerorum.

De morbis hæreditariis.

But these treasures have not been published.

Ann. Dom. 1565.] THADDEUS DUNUS, of Locarno, capital of the bailiwick of that name.

Muliebrium morborum omnis generis remedia ex Dioscoride, Galeno, Plinio, Barbarisque & Arabibus, collecta & disposita. Argentorati, 1565, in 8°.

Anno Dom. 1565.] JOHN WIER, of Graave in the dutchy of Brabant, born in 1515, came to study medicine at Paris: from whence he went to take his degrees at Orleans ¹. He afterwards went on a voyage to Africa; and into Candia; from whence he did not come back till 1550. At his return ², William, duke of Cleves, chose him for his physician. He filled this office for thirty-eight years; and died in 1588, aged seventy-three years ³.

Observationum medicarum rararum Libri II. Basileæ, apud Oporinum, in 4°, 1567.

In the first book, Wier gives some observations, *De utero clauso*; *De Hymene*; *De colli matricis phymate, ejusque curatione*; and *De curatione gangrænæ pudendi*; which merit to be read.

Ann. Dom. 1570.] JOHN GUNTHERIUS ANDERNACHUS; that is to say, John Gunthier of Andernach on the Rhine, born in 1497, came to Paris; studied physic; and took his doctor's degree in 1529. After he had lived there some time, he returned to Metz; and from thence to Strasbourg: where he taught and practised physic with honour; and died in 1574, aged seventy-seven.

Gynæciorum commentariolus, de gravidarum, parturientium, puerperarum, & infantium curâ. Argentorati, 1606, in 8°.

This book was printed, as appears, a long time after the death of the author; and the manuscript was furnished by John George Schenckius.

¹ Melchior Adamus. *De vitis German. Medicor.*

² Idem *ibid.*

³ Thuanus, *ad ann.* 1588.

Ann. Dom. 1574.] GIOVANNI MARINELLO.

Le Medicine pertinenti alle infermità delle Donne, divise in tre Libbre. Seconda impressione, in Venetia, in 12°, 1574.

This work contains a particular treatise on the diseases of women: but written without order; and full of frivolous remedies. The first edition of the work was in 1563.

Ann. Dom. 1575.] AMBROSE PARÉ, of Laval, was at first received into the community of surgeons of Saint Côme. He was first surgeon of Francis II, Charles IX, and Henry III. He has left a large volume, in folio, printed in French, at Paris, in 1575, composed of every thing, that relates to the art of surgery; and of several treatises on medicine; which, it is pretended, he procured to be written by young physicians; and published as his own.

There is, among others, a treatise on the generation of man; where he speaks, at the same time, of deliveries, and some diseases of women.

These works of Paré have been translated into Latin by James Guilleméau; and were printed at Paris, in folio, in 1582.

Ann. Dom. 1577.] JOHN LE BON, *Heteropolitanus*; that is to say, native of Autreville in Champain, near Chaumont in Bassigny.

He calls himself physician to the king, and of the cardinal de Guise, which must mean, as I imagine, of Lewis of Lorraine, cardinal of Guise, archbishop of Sens, who died in 1578.

He composed a treatise, intitled;

Therapeia Puerperarum, dedicated to John Liebaut: of whom we shall speak below, in the next page; and who printed it at Paris, in 1577, with his *Thesaurus Sanitatis*.

The same work has since been printed at Basil, in the collection of Israel Spachius, in 1589: and afterwards at the end of the works of James Hollier.

Ann. Dom. 1580.] LEWIS MERCADO, *Ludovicus Mercatus*, born at Valladolid, was a long time professor

¹ Nicolaus Antonio, in *Biblioth. Hispanâ*.

in the university of that city; and afterwards first physician of Philip II, king of Spain; and since of his son, Philip the Third. He died at the age of 86¹, of a retention of urine, caused by the stone.

Gynæciorum sive de mulierum, virginum, viduarum, sterilium, prægnantium, puerperarum & nutricum morbis communibus. Libri IV. Matriti, 1594, in folio.

This treatise may be regarded, as one of the best, we have on this subject: though the doctrines of the Arabians are too blindly followed.

Ann. Dom. 1582.] JOHN LIEBAUT, of Dijon, doctor of physic in the faculty of Paris, admitted in 1559.² Besides the medicinal works, which Vanderlinden, and Mercklin, attribute to him, he composed² a treatise, in Latin, on the diseases of women; which I have never had an opportunity of seeing. But it has been translated into French; and, as I suspect, by Liebaut himself; and printed under this title;

Trois Livres de la Santé, Fécondité & Maladies des Femmes. A Paris, 1582, in 12°.

This treatise is taken from, or at least is an imitation of, that of John Marinello, which was mentioned; and of which, Liebaut takes no notice. We shall see below what Lazarus Pé has said concerning it.

Ann. Dom. 1582.] JEROM MERCURIAL, of Forli, born in 1530, nominated professor of physic in the faculty³ of Padua in 1567, in the place of Anthony Fracantianus; and, in 1569, in the place of Victor Trincavel. He passed from thence, in 1573, to the professor's chair in the university of Bologna; and afterwards, in 1599, into that of Pisa⁴. He died in 1606, aged 76 years.

¹ Castellanus, in *Vitis illustrium Medicorum*.

² They say thus in the title-page of the treatise, of which we are going to speak. But I doubt the fact: and believe, that it ne-

ver appeared but in French.

³ Castellanus, in *Vitis Medicorum illustrium*.

⁴ Mercklinus, in *Lindeno renovato*.

De morbis muliebribus prælectiones à Casparo Baubino editæ. Basileæ, 1582, in 8vo.

This treatise is one of the best, which has been written on the diseases of women; and is the work of a very learned professor; and who was the ornament of the age he lived in.

Ann. Dom. 1582.] MARTIN AKAKIA, of Paris, son of another Martin Akakia of Châlons-sur-Marne, was admitted doctor of physic in the faculty of Paris, 1569; professor to the royal college, 1574; and died in 1580, aged about 49 years. He composed a work under the title *De morbis muliebribus*; which was not printed till after his death, in 1597, in the collection of Israel Spachius.

Ann. Dom. 1583.] FELIX PLATERUS, of Basil, born in 1536, went to study physic at Montpellier; where he was admitted doctor, in 1557. On his return to Basil, he practised physic with reputation; and was nominated professor in the university of that city, in 1571; which office he filled for 43 years. He died in 1614, in his 78th year.

De mulierum partibus generationi dicatis, Tabulæ iconibus illustratæ, structuram usumque explicantes. Ad-ditis observationibus & curationibus aliquot harum partium affectuum.

These two dissertations have been put by Israel Spachius at the head of his collections. The first is taken from an anatomical work, which Platerus had published at Basil in 1583, in folio, under the following title;

De partium corporis humani structurâ & usu.

And the second, from a treatise of observations made by him, which had not been printed in 1597, when Spachius's collection appeared: nor was so, till, in 1614, at Basil, in octavo.

Ann. Dom. 1584.] MAURICE DE LA CORDE, in Latin, *Mauritius Cordæus*, of Rheims, doctor regent of the faculty of medicine at Paris, in 1559;

Hippocratis Coi, Medicorum Principis, Libri prioris, de morbis mulierum, interpretatio & explicatio.

Parisi. 1585, in folio.

Z 2

In

In this work, the text of Hippocrates is divided into several articles; and each of them followed by a commentary of Cordæus, studied with care; but wanting due method: as it is liable to follow the text, where there is none.

There is, in this work¹, a curious observation of an *hydatid* dropfy, which is the first accurate one, that had been made of this disease. The author displays the surprise, in which himself as well as the rest of the spectators were, at the sight of a fact, of which they had not the least idea.

Ann. Dom. 1585.] ALBERTINUS BOTTONUS, of Padua, taught medicine, in that city, in 1555; and died, very old, in 1596.

De morbis muliebribus Liber. Patavii, 1585, in 4to.

De morbis muliebribus Liber secundus. Venetiis, 1588, in 4to.

Ann. Dom. 1586.] GASPAR WOLPHIUS, a physician at Zurich, was engaged, by Conrade Gefner, to give an edition of several authors on the diseases of women, in form of a collection; and, to induce him to it, Gefner gave him the materials for one, which he had himself begun to make.

Wolphius undertook, with readiness, this task; and executed it under the following title;

Gynæciorum sive de Mulierum affectibus Commentarii, Græcorum, Latinorum, Barbarorum, tam olim & nunc recens editorum; in tres tomos digesti, & necessariis passim imaginibus illustrati. Basileæ, 1586, in 4to.

The first volume contains;

- I. Felix Platerus;
- II. Moschion;
- III. Cleopatra, Moschion, and Priscianus, compared together;
- IV. Trotula, to whom the editor chose to give the name of Eros, a physician emancipated by Julia;
- V. Nicholas des Roches;

¹ *Commentar. V. Artic. III.*

VI. Lewis Bonaciolus ;

VII. James Sylvius ;

VIII. John Rueff.

In the second volume are ;

I. Jerom Mercurial ;

II. John Baptist Montanus ;

III. Victor Trincavel ;

IV. Albertinus Bottonus ;

V. John le Bon ;

VI. Ambrose Paré ;

VII. Albucasis, the *Arabian* ;

VIII. Francis Rouffet, translated into Latin by Gaspar Bauhin, of Basil ;

IX. John Albofius, on the child at Sens converted into stone ; or, *Lithopædium Senonense*.

The third contains only the commentary of Mauritius Cordæus on the first book of Hippocrates, *de Muliebribus*.

The same Wolphius published, twenty one years before, and, consequently, when he was young, the following book ;

Viaticum novum de omnium ferè particularium Morborum curatione, Liber Authoris innominati quidem, sed longè doctissimi, verè aureus & incomparabilis, nunc primum in lucem editus per Casparem Wolphium, Medicum, Physicum Tigurinum. Tiguri, 1565, in 12mo.

He says, in a preface prefixed by him to this book, that, in passing, twelve years before, through the most celebrated academies of France, and Italy, to learn physic, he found, in an antient library, the manuscript which he gave ; and which he hesitated some time to publish ; but, at last, resolved upon it.

This work comprises all diseases, in 68 chapters ; of which there are six for those of women. The author adheres every where to the doctrines of the Arabians ; and his book is only a collection of very indifferent recipes. It would have been no loss to medicine, if Wolphius had determined to have suppressed it.

Ann. Dom. 1586.] JEROM CAPIVACCIIUS, of Padua, where he was, at first, professor of the practice of physic, in 1552; and, afterwards, of the theory, 1561; and died in 1589.

Medicina practica, sive Methodus cognoscendorum & curandorum omnium humani corporis affectuum; Joh. Hartmanni Beyeri studio Libris VII interstincta. Francofurti, 1594, in 4to.

Of the seven books, which this work contains, the fourth is appropriated to treating of the diseases of women. This book, as well as the rest of the work, was read by Capi vaccius in the medicinal school at Padua, as appears from the title of another edition of it, published at Lyons, in 1595, in 8vo. The first we mentioned, was procured to be published by J. Hartman Beyer, after the death of the author.

John Crato à Krafftheim, of Bresslau, principal physician of the emperors, Ferdinand the First, Maximilian the Second, and Rodolphus the Second, says¹, that in reading the practice of Capi vaccius, he recollected, that all the first part was taken from Argenter, which supposes there had been an edition of it more antient than those above mentioned; as Crato, who died 1585, could not have seen them.

Moreover, what Crato imputes to Capi vaccius, is very common with all the professors, who do not design to publish.

Ann. Dom. 1590.] PETRUS FORESTUS, Peter Forrest of Alcmaer, born in 1522², after having taken the degree of doctor at Bologna, came to practise physic for some time in France, at Paris; and particularly at Pithiviere, in the Gatinois; from whence he went to Alcmaer, and Delft. He was nominated, in 1575, professor of physic in the university of Leyden, which had been just founded: and died, at Alcmaer, in 1597, aged 75 years.

Observationum & Curationum Medicinalium Libri XXXII, in folio. Lugduni Batav. diversis annis.

¹ Epistola 118. inter Epistolas à Laurentio Scholzio collectas.

² Joan. Meursius, in Athenæo Batavo. Lib. XI.

The twenty-eighth book of this collection treats *de Mulierum Morbis & affectibus*, in 82 chapters; where, in the midst of a theory taken from the Arabians, may be found some useful observations.

Ann. Dom. 1590.] JOHN GEORGE SCHENCKIUS, of Graffenberg, an elaborate and celebrated physician, studied medicine in the university of Tubingue; and was there admitted doctor, in 1554. He retired into his country, at Frybourg, in the Brisgau; and died there in 1598, aged 68 years.

Pinax Auctorum in re medicâ, Græcorum, Latinorum pristorum, Arabum, Latino-Barbarorum, Latinorum recentium, tum & peregrinis linguis cluentium, extantium, manuscriptorum promissorum vel desideratorum, qui Gynæcia, sive muliebria pleno argumento, sive ex instituto scriptis excoluerunt & illustrarunt. Argent. 1606, in 8vo.

Ann. Dom. 1595.] ALEXANDER MASSARIAS, born at Vincennes¹, after having studied physic at Padua, and taken his degrees there, went to follow his profession in the city where he was born; and continued there 25 years. In 1578, he was prevailed upon to go to Venice, where he practised physic with more eminence for nine years. He was afterwards², in 1587, chosen by the senate to fill the chair of the first professor in the university of Padua, in the place of Jerom Mercurial, who obtained permission to go into the university of Bologna. He died³ in this employment, on the 17th of the month of October, of the year 1598, more than seventy years old.

He read in the university of Padua, a treatise under the title of

Prælectiones de morbis mulierum, conceptûs & partûs, editæ in gratiam Studiosorum Medicinæ, ut quasi prodromum haberent omnium totius corporis humani morborum Σεραπίας edendæ.

¹ Comnenus Papadopoli in *Hist. Gymnasii Patavini*.

³ *Histor. Gymn. Patavini, Tom. I. Lib. III. Sect. 2. Cap. 20. n^o.*

² Petrus Castellanus, in *Vitis illustrium Medicorum*.

This treatise was printed, after his death, at Leipzig, for Abraham Lamberg, in 8vo, in 1600.

I have never had an opportunity of seeing it; but, I believe, it makes part of the practice of physic, which this physician published, in 1601, at Francfort, in 4to, *apud Nic. Basseum*; and which was, since that time, reprinted in several other places.

This practice is divided into seven books; of which the fourth, treating *de morbis mulierum*, is divided into thirteen chapters, and in which, thirteen different diseases of women are spoken of.

The medicinal doctrine, taught there, is the pure Galenical system: but it is very well treated, and explained; and Massarias should be put in the number of physicians of his time, who were the most enlightened.

I think it proper to be remarked, that he has neither spoken of the hysteric passion, nor the *furor uterinus*.

Ann. Dom. 1597.] ISRAEL SPACHIUS, a physician, and professor at Strasburg, published, in that city, a new collection of authors, who have written on the diseases of women; or rather, perhaps, a new edition of the collection of Wolphius, under the following title:

Gynæciorum, sive de mulierum tum communibus, tum gravidarum, parientium & puerperarum affectibus & morbis, Libri Græcorum, Arabum, Latinorum, veterum & recentium quotquot extant, partim nunc primum editi, partim denuò recogniti, emendati, necessariis imaginibus exornati, & optimorum Scriptorum autoritatibus illustrati. Argentinae, 1597, in folio.

This collection contains the same authors which were in the collection of Wolphius: and there is only added Martin Akakia, whose treatise had not been printed before; and Lewis Mercado, of whom we have spoken above.

Ann. Dom. 1600.] WILLIAM DE BAILLOU, *Guilielmus*

lielmus Ballonius, of Paris, born in 1538, after having some time taught humanity and philosophy in the university of Paris, applied himself to study physic; put himself on that line, in 1568; and was made there doctor regent, in 1570. After having practised with great eminence, he died in 1616, aged 78 years.

De Virginum & Mulierum morbis Liber, in quo multa ad mentem Hippocratis explicantur, quæ & ad cognoscendum & ad medendum pertinebunt. Parisiis, 1643, in 4°.

This treatise, as well as the other works of Ballonius, were printed, as appears, a long time after the death of the author. It contains only eleven chapters, and speaks only of five or six diseases. But it is not, however, short; because the author is very diffuse in his reasonings: to which must be added, that he wrote without order; that his style is too much embarrassed with Greek words, where there is no occasion; and that he follows the Arabians in his practice.

Ann. Dom. 1603.] *RODERIC A CASTRO*, a Portuguese, after having studied physic at Salamanca, went to finish his days at Hambro in Germany, which convinces me, that he was a Jew. He lived towards the end of the sixteenth century.

De universâ muliebrium morborum medicinâ, novo & antehac à nemine tentato ordine Opus absolutissimum. Hamburgi, 1604, in folio.

Ann. Dom. 1603.] *HERCULES SAXONIA*, born at Padua, in 1551, taught for the space of a year the theory of medicine in the university of that city: but that chair having been suppressed by the senate, he went to Venice, where he practised with great success, till he was engaged to go again to Padua, to fill the chair of first professor of physic, vacant by the death of Jerom Capivaccius; which he did with honour till the time his death, that happened in 1607, when he was only 56 years old.

¹ Ex vita Ballonii à Renato Moræo scriptâ, & operibus Ballonii præfixâ.
Peter

Peter Uffenbach, doctor of physic, who had been his scholar, published at Francfort, in 1603, in folio, a collection of the writings of Saxonia, under the title of *Pantheum Medicinæ selectum, sive Medicinæ practicæ templum*.

This work contains eleven books; of which the fourth is a particular treatise on the diseases of women, in 30 chapters, according to the Galenical method, received at that time.

Some writers of lives attribute to him in particular, a treatise *De morbis mulierum*; but it is, in fact, only the fourth book of the *Pantheum*, mentioned above.

Ann. Dom. 1604.] EMILIUS CAMPOLONGUS, born at Padua, in 1550, taught, at first, the theory of physic in the academy of that city; and afterwards the practice, from 1578 till 1604¹, when he died, aged 54.

De Vermibus: De uteri affectibus: Deque morbis Cutaneis Tractatus præstantissimi. Extant cum Hieronymi Fabricii ab Aquapendente Medicinâ practicâ. Parisiis, 1634, in 4°.

Ann. Dom. 1606.] JOHN HUCHER, of Beauvais, royal professor in the faculty of medicine at Montpellier, in 1574, dean in 1580, and chancellor in 1583, died in 1603.

De sterilitate utriusque sexûs, Opus in quatuor Libros distinctum. Genevæ, 1609, in 8°.

This work is large, and contains several opinions, which have been a long time exploded: but, in the main, it is sensible, and leaves no room to doubt of the learning of the author: and there is found in him less prejudice, in favour of absurdities, than was common in his time.

Ann. Dom. 1606.] JOHN VARANDE, of Nismes, was admitted to the degree of doctor in the faculty of medicine at Montpellier, in 1587; nominated professor there, in 1597; made dean in 1609; and died in 1617.

¹ Comnenus Papadopoli, in *Historiâ Gymnasii Patavini*, Tom. II, pag. 340.

De morbis mulierum Libri III, in lucem editi, operâ Romani à Costa. Monspeffuli, 1620, in 8°.

It is extraordinary, that the same work appears to have been printed in 1619, at Lyons; *Operâ*, says the title, *Petri Mylei Doctoris Medici*: which proves, that this book had been published by the scholars of Varande, who hurried to print it from the manuscript, which he had read.

This work is clear, and methodical. The theory is that of the times; but the practice partakes too much of the *polypharmacy* of the Arabians.

Ann. Dom. 1607.] JOHN HEURNIUS, of Utrecht, born in 1543, after having gone through his humanity in Holland, came to study medicine at Paris for three years, under the celebrated Lewis Duret. He removed from thence into Italy; and, after having stayed some time at Padua, he went to Pavia, to take his degree of doctor.

On his return to Holland, he stayed at Utrecht for some years; from whence he was called to be professor at Leyden; where he died in 1601.

His works were printed under the direction of Otho Heurnius, his son, at Leyden, in 1609, in 4to; and at Lyons, in 1658, in folio.

There is, in this collection, a particular treatise,

De morbis mulierum; which Otho Heurnius had before published separately, in 1607, at Leyden.

Ann. Dom. 1609.] LAZARUS PE', doctor of physic, translated into French the work of John Marinello, which he greatly commended; and published under this title;

Les Maladies des Femmes, & remedes d'ycelles en trois Livres de M. Jean Marinello, docte Médecin Italien, traduits en François par M. Jean Liebaut, Médecin à Paris, en cette derniere édition, revus, corrigés, & augmentés par Lazare Pé. A Paris, 1609, in 12mo.

At the end of the preface, he speaks thus of John Liebaut, who had published nearly the same work twenty years before. “ Mr John Liebaut has
“ given

“ given this work as his own; notwithstanding which,
 “ I have, by comparing them together, discovered,
 “ that he took all his matter from Marinello; chang-
 “ ing, in some places, the order; and adding to it
 “ some little of his own, to disguise it. But, *he goes*
 “ *on*, it is proper, that the honour be restored to the
 “ real author; and that nevertheless we should afford
 “ some applause to Liebaut, for having refined, in-
 “ larged, and translated the book.” These last words
 convince me, that Liebaut did not compose his work
 in Latin, according to the suspicion I have before ex-
 pressed.

Ann. Dom. 1620.] HERMAN CORBEUS.

*Gynæceium, sive de cognoscendis, præcavendis, curan-
 disque præcipuis mulierum affectibus Libri II, quo-
 rum prior affectus omnibus mulieribus communes;
 posterior, qui cuique sorti sunt proprii, proponit.*
 Francofurti, 1620, in 8vo.

Ann. Dom. 1625.] GREGORY HORSTIUS¹, of Tor-
 gau on the Elb, born in 1578, after having studied
 medicine in several academies of Germany, went to
 take his degrees at Basil, in 1606; and, a little time
 after his return, was made professor of physic at Gief-
 sen in Hesse. He was called, in 1622, by the republic
 of Ulm, to be physician of that city, and president of
 the college of medicine. He died, holding this office,
 in 1636, aged fifty-eight years.

Among several other works, Horstius published,
 in 4to, a book of medicinal observations, under the
 following title;

*Observationum Medicinalium singularium Libri IV
 posteriores. I. De Morbis Mulierum. II. De Mor-
 bis contagiosis & malignis. III. De doloribus par-
 tium externarum. IV. De Chirurgicis quibusdam
 Casibus.* Ulmæ, 1628, in 4to.

The observations on the diseases of women are ele-
 ven in number: and there are several, which are curi-
 ous, and merit to be read with attention. The author

¹ In oratione funebri, quâ Joh. Dan. Dietericus Gregorio Horstio
 parentavit.

names some German physicians, who had communicated to him part of them; as John Bilger, a physician at Kempten; James Eckold, a physician at Memmingen; and John-Christopher Eifenmenger, a physician at Heilbrun.

There is, by the same author, a century of problematical questions on the method of cure of different diseases, disposed into decades, of which the ninth relates to the diseases of women, where several important questions are discussed, and generally well decided.

Ann. Dom. 1627.] MELCHIOR SEBIZIUS, born at Strasburg in 1578, after having passed through several academies, went to take his degree of doctor at Basil, in 1610. He was afterwards made professor at Strasburg, in 1612; which office he held for sixty-two years; and died in 1674, aged ninety-five years.

Historia mirabilis de fœminâ quâdam Argentoratensi, quæ ventrem suprâ modum tumidum atque distentum ultrâ decennium gestavit; & tùm hydrope uterino; tùm molis carnosæ septuaginta sex, tùm eâ hydropis specie conflâtata fuit, quæ Ascites dicitur, fideliter relata, rationibus explicata & commentario de hydrope uterino, molarumque formâ, materiâ, efficiente, atque fine, aucta. Argentinae, 1627, in 4to.

Notes
Virginity
1650
to Fine

I suspect, that the seventy-six fleshy moles, observed by Sebizius, were only *steatomas* of the uterus.

Ann. Dom. 1627.] FRANCIS RANCHIN, of Montpellier, doctor of physic of that faculty, in 1592, became professor in 1605, in the place of John Saporta, who was dead; and was chosen chancellor in 1612, in the place of Andrew de Laurent. He died in 1642.

Opuscula medica, utili jucundâque rerum varietate referta, publici juris facta curâ & studio Henrici Gras, Doctôris Medici Monspeliensis. Lugduni, 1627, in 4to.

There is in this collection a treatise,

De Morbis Virginum, divided into three sections, where Ranchin discusses several questions, that relate

to the diseases of women: but says nothing concerning them, that has not been before several times repeated.

[Ann. Dom. 1620.] JOHN PREVOST, of the diocese of Basil, born in 1585, took the degree of doctor of physic at Padua, 1607; was made professor in 1613; and had the care of the botanical garden committed to him in 1616. He died there of the plague in 1631.

De morbos uteri passionibus Tractatio. Patavii, 1669, in 8vo.

This treatise, as well as the rest of his works, was not printed till a long time after the death of the author.

[Ann. Dom. 1630.] MICHAEL DORINGIUS, a physician at Breslau.

Epistola de novâ, rarâ & admirandâ Herniæ uterinæ, atque hanc justo tempore subsequenti partûs Cæsarei Historiâ.

This physician communicated the relation of this fact to William Fabricius Hildanus, who has inserted it in his observations.

[Ann. Dom. 1630.] CLAUDIUS DEODATUS.

De admirabili quodam affectu uterino Observatio.

Communicated by the author to the same Hildanus, who has put it into his centuries of observations. This extraordinary case was a false *schirrus*, or *sarcoma*, of the *uterus*.

[Ann. Dom. 1630.] WILLIAM FABRICE, of Hilden in Swisserland, on which account, he is scarcely ever called by any other name but *Hildanus*, which alludes to his country, an able surgeon, born in 1560, settled first at Lausanne; from whence he went to Berne; where he gained great reputation; and died in 1634, aged seventy-four years.

He published successively, during his life, even six centuries of observations, which were collected after his death, and printed at Lyons, in 1641, in 4to. Among these observations, there are several on the diseases of women; such as miscarriages, dead *fœtusses*, and deliveries; and on the principal diseases of the *uterus*; which merit to be read.

There

There are, among these observations, some which were communicated to him by other physicians, as Michael Doringius, Claudius Deodatus, &c. which have been mentioned in the preceding articles.

Ann. Dom. 1631.] DANIEL SENNERT, of Breslau in Silesia, born in 1572, studied medicine at Saxe; and took his degrees there in 1601: and the year after was made professor. He died in 1637, aged sixty-five years.

The works of this professor were collected after his death; and printed at Venice, in 1640, in three volumes, in folio: they have been since several times reprinted, with some additions. The most important of them is a complete course of local diseases, under the title of *Praxis Medica*, disposed into five books; each divided into several sections.

In the fourth book, he treats amply of all the diseases of women with order, method, and admirable good sense. He follows the Galenical theory in every thing; but it must not be expected to find there the lights, that have been gained since; though the principal fundamentals of medicine are there soundly established; the diseases, and their differences, exactly described; and the practical intentions very well deduced. It is the same with all the practical works of this author; insomuch that they ought to be considered as a complete library, which no physician can avoid having. They often contain more just medicinal doctrine than many modern books, that are greatly cried up.

Ann. Dom. 1640.] ZACUTUS, of Lisbon in Portugal, known for that reason under the name of *Lusitanus*, was born in 1575, studied philosophy and medicine in the academies of Salamanca, and Conimbra; and, in 1594, took the degree of doctor at Sigüenza in New Castile.

He afterwards practised physic at Lisbon for 30 years, till in 1624, that the Jews having been banished from Portugal, Zacutus, who was himself of that religion, retired into Holland; where he followed his profession

profession at Amsterdam. He died in 1642, aged 67 years. He composed three considerable works, printed at Lyons, in 1649, in two volumes, in folio.

One of these works is intitled ;

De Medicorum Principum historiâ.

It is a collection of several observations on diseases, taken from the greater part of the antient and modern physicians, disposed into six books, with explanations or commentaries.

The second intitled ;

Praxis Historiarum, is a *compendium* of the methods of cure, which are proper in each of the diseases, of which he had spoken in the preceding work ; and it is disposed into six books.

The last bears the title of

Praxis Medica admiranda ; and contains a great number of singular observations, as well on diseases as remedies, in three books.

Zacutus speaks of the diseases of women, in all these three works. In the first, he treats of them in the third book in the 17 first observations : in the second, they make the subject of the whole third book, which contains 23 chapters : and, in the third, there are twenty-five observations of the second book, which relate to this subject.

Among these several observations, related by Zacutus, there are many which are curious. There are also much knowledge and erudition in the commentaries, or dissertations, which accompany them ; and I recommend the reading them. But I do not believe all the author relates ; and should be sorry to take upon me to be answerable for it.

Ann. Dom. 1640.] NICHOLAS FONTANUS, Nicholas Fontaine, of Amsterdam.

Syntagma Medicum de Morbis Mulierum, in IV. Tomos distinctum. Amstelodami, 1645, in 12°.

Ann. Dom. 1640.] LAZARUS RIVIERE, of Montpellier, took his degrees in the faculty of that city ; was made a professor there, in 1622, in the place of Laurence Coudin, who died in 1620 ; and filled that office

fice with honour, till 1655, when he died, aged 66 years.

This professor composed institutions, which formed a very good treatise in his time. But his principal work, is a course of diseases, intitled, *Praxis Medica*: that was, at first, solely practical^a, and void of all theory, which he read in the schools; and published several editions of it in France and Holland. But seeing the success of this work, he joined a theory to it, according to the principles then held; and the treatise was printed in this state, at Paris, in 8°, in 1640; and since reprinted several times.

All the diseases of the body are treated of in this work, in seventeen books. The XVth is wholly appropriated to the diseases of women; which are explained there with accuracy; and for which a very sensible method of cure is proposed: insomuch that a judicious physician may, with this assistance alone, practise medicine successfully.

It is not to be denied, however, but that Riviere follows Sennertus step by step; and that he has transcribed whole pages without quoting his name.

To conclude, one Bernard Christin, of the island of Corsica, who studied physic at Montpellier, under Riviere, and who afterwards turned Capuchin, but did not still leave off practising physic, after having compiled a set of chemical secrets, had the confidence, in order to give them authority, to publish them at Venice in the name of Riviere; and since then, they have always been printed at the end of the works of that professor. But Mr. John Chatelain, dean of the faculty of Montpellier, who has been dead a long time, and who studied under Riviere, assured me, that Christin had falsely ascribed these secrets to that professor.

^a In præfat. Editionis anni 1651. præfixâ.

FOURTH EPOCH A.

THE circulation of the blood, of which it appears there was not not any knowledge before, was displayed in Europe, in 1628, in a treatise, by Dr. William Harvey, an English physician, printed at Francfort, in 4°, under the title of *Exercitatio Anatomica de Motu Cordis & Sanguinis in Animalibus*: and, on this foundation, the honour of this important discovery is given to him. But when this question is examined with care, there will be no reason to believe, that it is really due to him.

As early as the year 1553, Michael Severus, a native of Villa-Nova in Arragon, doctor of physic, remarkable for his errors in religion, and yet more for the punishment on that score, to which he was condemned at Geneva, had taught in a book¹, printed the same year at Vienne in Dauphiny, that the blood was carried by the arterial vein (*the pulmonary artery*) from the right ventricle of the heart into the lungs; that the branches of this vein discharged into those of the venous artery, (*the pulmonary vein*) with which they communicate, and that the blood passed from this artery into the left ventricle of the heart, in the time of its diastole; and was, from thence, distributed into all the parts of the body.

A few years after, Realdus Columbus, of Cremona, successor to Andrew Vesala in the place of anatomical professor at Padua, professor of the same at Pisa, and professor of physic at Rome, published, in 1559, at Venice, a treatise of anatomy² in folio, where he de-

¹ Intituled, *Christianismi restitutio*, of which the copies were burnt with himself, in such manner, that only two remained.

The passage of Servetus teaches, that the circulation had been fully pointed out by Michael de la Roche; *Bibliothèque Angloise*,

Tom. I: by Wotton; *Reflections on antient and modern learning*: and by Douglas, in *Bibliographiæ Anatomicæ Specimine*, in verbo Servetus, pag. 104.

² Intituled, *De re Anatomica Libri XV.*

livered¹ the same doctrine as Servetus, on the circulation of the blood; and expressed himself almost in the same terms: which lead doctor James Douglas, a physician at London, to judge, that he took what he said from Servetus; but he went further than Servetus, by describing exactly the *valvulae sigmoides* of the arteries; and the *valvulae tricuspidæ* of the veins; to which he ascribed their real use.

This discovery soon became the object of great attention. Peter Monavius of Breslau, who was afterwards physician to the emperor Rodolphus II, wrote², in 1576, to John Crato, then physician to the emperor Maximilian II, that, being at Heidelberg in 1574, an Italian, called Pigafetta, a scholar of Fallopius, had said publicly, in reading lectures of anatomy there, that a Spaniard (who can only be believed to be Servetus) had found, that the blood, which came out of the right ventricle of the heart, was carried into the lungs by the arterial vein; and returned to the left ventricle, by the veinous artery.

It was only in 1574, that Jerom Fabricius ab Aquapendente, successor to Fallopius in the chair of the professor of surgery, in the university of Padua, and afterwards professor of anatomy in the same university, discovered the valves of the veins; as he says in a treatise, which he published on that subject, in 1603, in folio, intitled, *De Vcnarum Ostioliis*. It seems, that after a similar discovery, he had only one step to make, to discover the circulation of the blood, for the position and the form of these valves show, and demonstrate it: but this step Aquapendente did not make.

It was reserved to Andrew Cesalpinus of Arezzo, who, after having been a long time professor of physic at Pisa, became first physician to pope Clement the Eighth, to give the finishing stroke to the disco-

¹ Libro VII. *De Corde & Arteriis*. in the collection of Laurentius Scholzius, printed at Francfort,

² This letter is found *inter* in folio, 1598.

Consilia & Epistolæ Petri Monavii,

very of the circulation of the blood, which he did in a work¹ printed at Venice, in 1593, where he says², that the blood is carried from the right ventricle of the heart to the lungs, by the veinous arteries; and that it returns from thence to the left ventricle, by the arterial vein; that it is propelled from the left ventricle into the *aorta*; and, after having passed through all the parts of the body, is brought back into the right ventricle of the heart, by the *vena cava*; that, consequently, there is a vein in each ventricle, which carries the blood thither; and an artery, which receives it, to convey it elsewhere; and that, therefore, the vessel in the right ventricle, which the antients called *arterial vein*, should be called an *artery*, and that in the left ventricle, which they called *veinous artery*, should be called *vein*. He adds an exact description of the valves of the arteries and veins in the heart; and he determines the uses of them. In short, he explains the circulation of the blood, as it is at this time explained; employing even the word circulation, which is at present in common use: and what is more extraordinary, he observes, that the veins swell always below a ligature; and applies this observation to prove the motion of circulation, which he attributes to the blood.

These facts being admitted, it takes away the least room for doubt, but that Servetus, and Columbus, knew the circulation of the blood. At least it cannot be denied, that Celspinus has exactly described it: and, as he affirms, from observations made in dissecting dead bodies, or living animals. *Quæ*, he says, *ex dissectione apparent*. It is therefore to Celspinus, the honour of this discovery must be given; and the more, because it is probable, that Harvey, who was at Padua in the beginning of the seventeenth century, staid there five years, and took the degree

¹ Under the title of *Quæstionum Peripateticarum Libri IV. Quæstionum Medicarum Libri II.* in 4^o.

² *Quæstionum Peripateticarum III, IV, V, & VI. Et Medicarum Lib. II. Quæstione 17.* There may

be found at length, in Douglas, page 165—168, of the work quoted, the passages of Celspinus, which relate to the circulation.

of doctor at that place, had heard speak of this discovery, published several years before; of which indeed he could not be wholly ignorant.

Dr. Douglas, therefore, though an Englishman, and countryman of Dr. Harvey, himself agrees, that it was Cefalpinus who discovered the circulation of the blood; and that Dr. Harvey had no other part in it, than being the first who published it: which appears inconsistent with the dates of the works of these two authors; and brought it to perfection, which appears inconsistent with the exact description Cefalpinus has made of it. In consequence of which, all he demands for Dr. Harvey is, that he should be allowed to share the honour of this discovery with Cefalpinus. *Par decus manet, says he, & illum, qui primum invenit, & qui postremum perfecit. Nescio enim,* continues he, *an præstat in venisse, an ditasse.*

However evident the circulation of the blood might be; however incontestable the proofs produced in support of it; it must not be presumed, that it was received at first. It had been misunderstood, when Servetus, Columbus, and Cefalpinus taught it. An opposition was made to Dr. Harvey, when he undertook to maintain it: he had contradiction on every side to combat; but the truth prevailed, in spite of all of them; and has now spread itself universally. I question, however, whether the circulation was held as an authorised doctrine, by any medical body, before the year 1650.

It is at that period, I fix the beginning of the fourth *epocha*: because it was not till that time, or later, that any of those advantages were begun to be obtained from the knowledge of the circulation, which there was reason to expect from such a discovery, for the elucidation of medicine.

Nearly about the same time, Descartes offered a new system of philosophy, which destroyed fundamentally that of Aristotle, on which the Galenical system of medicine was founded. He met with the

¹ Speciminis Bibliographiæ Anatomicæ, p. 167, 168.

same fate as Harvey. An opposition was at first raised against him and his system, with the same spirit, and with as little success : and his philosophy was soon after received ; and drove out of the schools of medicine that of Aristotle.

The yoke of the antients must have been very heavy, by the ardour which appeared to throw it off. No revolt was ever made so quickly, or completely. The authors, who were admired, the opinions that had been maintained, and the books that had been before read, were now all despised. It was said, there could be nothing true, nothing sensible in the medicine, that had been taught, and practised before that time : as if certain discoveries in anatomy, and certain doctrines in natural philosophy, could overturn the fundamentals of medicine.

To this revolt, succeeded disorder, and licentiousness, the general consequences of such events. As no guide was any longer followed, every one pursued his own imagination ; and there was, in a short time, almost as many systems of medicine, as physicians.

Some, zealous for the opinions of Descartes, attributed to the subtle matter every thing which passed in the body. They made it act as they pleased ; move, advance, turn back, and whirl about, at their will ; and, by this means, they thought to account for every thing, without considering, that such reasons were neither more rational, nor true, than those founded before on the occult qualities, which they themselves so much ridiculed.

Others, bigotted to chemistry, could find nothing in the body but sulphurs, salts, acids, alkalies, ferments of all kinds, fermentations, effervescences, and explosions. It might be reasonably said, they were willing to transfer into the human body all the operations of chemistry.

There were some, who, prepossessed in favour of the corpuscular philosophy of Gassendi, which was in vogue at the same time, imagined there were, in the blood, and humours, atoms, or corpuscles, round,
or

or crooked ; hard, or flexible ; and great, or small ; to which they gave what motions they would, without thinking of giving the least appearance of plausibility to their arbitrary suppositions.

I have myself seen part of these opinions prevail in the schools : and was educated in the midst of the disorder, while it still continued there. Happily it is now over : and medicine is at this time on a more certain and rational footing,

At present nothing is admitted, but what is deduced, as it were, of itself from the known structure of the parts whence the functions are explained ; results from the certain laws of the circulations of the blood and lymph ; or is confirmed by the opening of dead bodies.

Application has been made to anatomy in this *epocha* with great success ; and whereas, in the preceding, anatomists seemed to have no other object than to study the number, figure, and articulations of the bones ; the insertions, and uses, of the muscles ; the distribution of the large trunks of arteries, and veins ; which is very requisite for surgery, but less advantageous to physic ; Stenon, Pecquet, Malpighi, Ruysch, Morgagni, Verney, and Winslow, have, in this, applied themselves to study the structure of the *viscera*, the nature of glands, glandular bodies, and their excretory ducts ; to render apparent to the eye, by the means of injections, the distributions of the capillary ramifications of the arteries, and veins, and the anastomoses which unite them, and serve for their communication with each other ; to demonstrate the existence of the lymph, of which there was not before any notion ; to prove that it circulates in every part of the body ; and to discover the particular roads, that it takes in the circulation ; &c. : which has given new lights for explaining the natural functions, and the disorders of these functions, that constitute diseases.

It were to be desired, that we should attain at length to the knowledge of the structure of the brain, and the use of the different parts which compose it ;

the order of the circulation of the blood, and more particularly of that of the lymph in this part; and the origin, structure, and uses of the nerves, which spring from it, and which are distributed in the parts of the body. It has been already attempted with earnestness, in spite of the difficulties occasioned by the position of the brain in the bony box of the skull; and useful discoveries have been made; but much more important remain behind, for the elucidation of a great part of the animal œconomy, with respect to which, we have scarcely any thing more than conjectures.

In this *epocha*, the openings of the dead bodies have been more frequent: because anatomy has been more general, and more instructive: because it has been better known how to distinguish the disorders, that have been found in the several *viscera*, where the real causes of diseases commonly reside. Nevertheless, it has been frequent to mistake the effect of the disorder for the cause; that is to say, the bad state which the disease has produced, for the bad state which produced it. To be convinced of this, there is nothing requisite, but to take a slight view of the greatest part of the observations related in the *Sepulchretum* of Bonnet. It is certain, that the greatest intelligence is necessary, in order to make just observations on dead bodies; and unfortunately those, who make them, have not always a sufficient share.

Botany was also cultivated with the same success, as anatomy. Tournefort, Ray, Riviere, and Linnæus, have fixed the *genera* and *species*, under which plants arrange themselves, as it were, of their own accord: and, by this means, have given to botany, order and disposition, of which it was believed incapable. It would have been well, if they had not confined themselves to the meer classing of plants; but had endeavoured, by experiments, to discover, and determine their qualities and virtues.

Chemistry has been reduced to its just bounds. By the example of Stahl, Boerhave, Freind, Homberg, and several others, who have distinguished themselves,

no other use is now made of it than to analyse compound bodies ; to discover the principles of them ; and to make, by art, new combinations, which afford new remedies. It must be allowed, that we owe to them several, which are the most effectual resources of medicinal practice : but the more efficacious these remedies are, the greater is the skill and prudence requisite to their proper administration. For with respect to such medicines, mistakes are always of consequence.

Pharmacy is not now loaded with so great a multiplicity of compositions ; but those which are retained are the best, the most useful, and such as are alone necessary to the right practice of physic. They are prepared with more skill : because there is more knowledge of the nature of drugs ; and with more care, and exactness, because they are less perplexing, by the multiplicity of the number of ingredients. It is of consequence, that physicians persevere to concur in this procedure, by rendering their prescriptions more simple, in order the better to distinguish the effect of each remedy.

The prejudice, which our fathers had for judicial astrology, and talismans, is intirely extinct : and if there remain, in the public, any traces of such a superstition, it is not supported by physicians.

There is already acquired in this *epocha*, three new remedies, which America has afforded : the *Peruvian bark*, *ipecacuanha*, and *simarouba*.

The first is the bark of a tree, called *gannaperis*, which grows in Peru, in the mountains that are near Loxa, at sixty leagues distance from Quito. This medicine was brought to Rome, in 1649, by some Spanish Jesuits, who returned from Peru, where they had, some time before, seen the good effects of it on the wife of the count del Cinchon, viceroy of Peru. As the Jesuits dispensed it every where, and the cardinal of Lugo, who was of their order, had a large quantity of it given to patients at Rome, it was at first called the Jesuit's powder, or the powder of cardinal Lugo : and it still bears that name in some countries. But with
us,

us, it has been known for a long time under the name of *quina*, the etymology¹ of which is not known: which, as I conjecture, comes from its being first called *pulvis Chinæ*, or *China*, from the custom that prevails of calling all unknown countries China. But as it was requisite to distinguish it from the China root, *radix China*, vulgarly called in French, *la squine*, they contrived the means of repeating the word; and saying *China-Chinæ*. It was a long time known under this name: and from it we have made that of *quina*.

Whatever may be the etymology of the name, the *quina*, or Peruvian bark, is an excellent remedy, when it is employed properly by a prudent physician; and after the general medicines, which are agreeable to the case. We have no febrifuge so safe and effectual: and it should be regarded, as an acquisition very beneficial to medicine, and to diseased persons.

IPECACUANHA, is a root, which comes from the Brasil, as is imported by the name of *radix Brasiliæ*, which it bears in books of medicine: though it is more usual to call it by the name of *ipeacacuanha*: which it has in the country where it grows.

William Pison spoke of it, as early as the year 1658, in ² *Historia Naturâ & Medicâ Brasiliæ*: and remarked the virtues of it: but the medicine was not then further known. A French physician, called *le Gras*³, who had made three voyages into America, brought home a considerable quantity of it, in 1672: but as he died soon after, and had not given much account of the effects of the medicine, there was no use made of it. It is pretended, that a merchant, called Garnier, brought some again to Paris, in 1686: but it is not agreed by what means⁴ this parcel came into the hands of

¹ It has been believed, that the name of *quina* came from that of the countess del Cinchon, who took this medicine the first. See Pauli Hermanni, *Cynosura Materiæ Medicæ*, edition of 1726, p. 204.

and Mich. Bernardus Valentini, *Disc. de China-Chinæ*, Cap. 2. § 1.

² *Lib. IV. Cap. 53.*

³ Lémery, *Traité Universel des Drogues*, in verbo Ipecacuanha.

⁴ Geoffroy, *Materiæ Medicæ*, Tom.

of Adrian Helvetius, a Dutch physician; though it is certain, that he quickly brought the medicine into vogue; which did the same by him.

Ipecacuanha is an excellent medicine, and a true specific in dysenteries, when care has been taken to prevent the inflammation by bleeding, and to moderate the heat of the bowels by humectants. It appears, that its virtues proceed principally from its properties of dissolving viscidities, and reducing them to an aqueous state, which it is easy to conclude from the change, that happens in the stools of the patients, when they have taken this medicine.

The third of the new remedies we have received from America, is the *simarouba*, which is the bark of a tree of that name, that is common in Guiana. It was sent to Mr. Pontchartrain, secretary of state of the marine, in 1713: but no use was then made of it. In 1718, Mr. Anthony de Jussieu, doctor regent of the faculty of Paris, and professor of botany, employed it with success in dysenteric loosenesses, which were very common that year, at Paris; and of which the greatest part resisted the *ipecacuanha*. After being certain of its effects, by several experiments, he communicated this medicine, in 1729, to the academy of sciences, of which he was a member.

The *simarouba* is esteemed a specific, particularly in ferous loosenesses. There is appearance, that this property comes in part from its diuretic virtue, which renders it capable of carrying off by the kidneys, the *serum*, which floods the bowels. But it must be remarked, that this medicine, though efficacious in some cases, is not always equally so; and that there is sometimes reason to complain of its failure of success.

The small-pox, the venereal disease, and the scurvy of the preceding *epocha*, continue still in this. But Europe has not suffered any new diseases in it. For I do not think, that name ought to be given to a kind

Tom. II. Sect. I. Cap. 1. Artic. 22. *novo antidysenterico*, Ephem. Germ.

Guill. Gothofr. Leibnitz, De Decur. III. Ann. III. in appendice.

of

of fever, that appeared at Leipzig, in Misnia, in 1652, which at first attacked only women in child-bed: and was known there by the name of *friesel*. Afterwards this distemper spread in Germany, in the neighbouring provinces: and showed itself even in England, as appears by Sydenham's treatise, intitled, *Schedula monitoria de novæ febris ingressu*; and by the treatise¹, *De Febre miliari* of Hamilton. It has prevailed since at Turin in Piedmont; and in part of Lombardy: and has even been seen in France, in some places.

This fever begins generally by a slight shivering, followed with a proportionable degree of fever; which increases the second, and third days; and is attended with very bad accidents. An eruption is then formed all over the body, of an infinite number of little pimples, like grains of millet; which has occasioned the name of *miliary fever* being given to it. These pimples rise on the skin, as in the *sudamina*, generally red, but sometimes white: on which account, two sorts of miliary fever, or *friesel*, are distinguished: the one *red*; and the other *white*; which is esteemed the most dangerous.

This disease, at first, attacked only women in child-bed; and, indeed, even now they are most subject to it: but it is communicated to men, who are not at present exempt from it. In the beginning, the disorder was more dangerous, and epidemic, in countries where it raged: but it appears to be now more mild, and less epidemic.

This kind of miliary eruption, in Greek ἐκζέματα, has always been common in several kinds of fevers, and has, consequently, sometimes appeared in different places: as may be collected from the observations of physicians. For this reason, I am of opinion, that what has been before said of the purple, or petechial fever, may be applied to this disorder also: that it should not be considered as a new disease: and this is indeed the notion, which the physicians, who have written on it, have entertained.

¹ Printed at London, in 1710, in 8°.

I should not omit two articles of practice, which have been proposed in this *epocha*; or which are proposed yet as very useful in medicine.

The first is the transfusion of blood. In prosecuting the study of anatomy, it was found advantageous to make injections into the vessels, in order to distinguish better the ramifications of them. From this example, a notion arose of injecting fluid medicines, particularly purgatives, sudorifics, and dissolvents, in hopes, that, by acting immediately on the blood, they would operate more efficaciously. There was so strong a presumption in favour of this practice, that it had the name of *infusive* surgery given to it. Two treatises¹ are written on this subject: the one by John-Daniel Major, and the other² by John-Sigismund Elsholtzius: but the bad success that followed, soon displayed the true merits of it.

It was this, nevertheless, which suggested the transfusion of blood. As soon as such a practice was mentioned, it was received and applauded, with the eagerness that novelties excite. The most flattering hopes were conceived; and it was esteemed as a source of youth, capable not only of curing diseases, but, also, of renewing juvenile vigour. In consequence³ of this, several disputed the honour of the discovery. Dr. Richard Lower, known by the treatise on the heart, pretended⁴ to have performed it the first at Oxford, in 1665; and to have mentioned it in the Philosophic Transactions, in 1666; which was true: but he practised it only on animals. John Denys, who then made experiments in natural philosophy at Paris, claimed this honour from him, in 1667, in the *Journal des Sçavans*: and asserted, that he had first performed the transfusion of blood from another ani-

¹ *Chirurgia infusoria*. Kilonii, in 4°. 1667.

² *Clysmatica nova*. Coloniae Brandeburgicae, in 8°. 1667.

³ It is certain, that John Colle, professor at Padua, had

described this operation in a treatise of physic, printed at Venice, 1628, under the title of *Methodus facile parandi jucunda, tuta & nova Medicamenta*. Cap. 7.

⁴ *Tractat. De Corde*,

mal to a man. Claudius Tardy, doctor regent of the faculty of medicine at Paris, boasted¹ of being the first, who had done it from one man to another. Others arose, who put in similar claims : and Irenæus Vehr, in a *thesis*, which he maintained at Frankfort on the Oder, in 1668, under the title of *Disputatio de Metæmachymâ*, had also ascribed it to Maurice Hoffman, professor at Altdorff, when the bad success of the operation took away all the ground of contention.

The second practice is, *the inoculation of the small pox*, which is pretended to be transmitted ; or, to use the proper expression, that corresponds to the word inoculation, which is pretended to be ingrafted on one subject from another.

This operation may be performed in several manners : but it is not our business here to take particular notice of them. It is sufficient to observe, that the most approved, and safe, is to make an incision in the fleshy part of one of the arms, or legs, which divides the skin slightly, for the length of half an inch, or an inch, or more ; and to put into the wound, a little pledget, charged with *pūs*, taken fresh from any pustule of a patient having the small-pox, of which the kind is favourable. In default of fresh *pūs*, the wound is dusted with the powder of pustules of the small-pox dried : which is preserved in a bottle, well stopp'd, to hinder its growing too dry. This application is covered with a plaster ; and about the seventh or eighth day the eruption begins to be made with fewer or more symptoms ; and, at the same time, the wound suppurates, and runs copiously.

It is asserted, that this practice was antient in Circassia, and Mingrelia ; from whence it was carried to Constantinople. We owe the knowledge of it to two physicians, who followed their profession in that city. The first was doctor Emanuel Timone of Constantinople, who addressed a memoir on this subject to the Royal Society of London² ; which was inserted in the

¹ *Traité De l'écoulement du sang de ses suites.* Paris, 1667.
d'un homme dans un autre &c

² It is said, *Acta Eruditorum*

the Philosophical Transactions of the year 1714, N^o 339: and which is, also, in the *Ephemerides Curiosorum* of Germany, *Centur. V, & VI, Observat. 2.* The other was doctor James Pylarini of Cephalonia, who published a dissertation on the same subject at Venice, in 1715; of which an extract is found in the Transactions of the year 1716, N^o 347.

The testimony of these two physicians, supported by the instance of my lady Mary Wortley Montagu, lady of the English ambassador at the port, who had suffered her only son to be inoculated at Constantinople, in 1718; and caused her daughter, at her return, to undergo the same at London, in 1720, encouraged the physicians, surgeons, and apothecaries, to undertake this operation in England, in spite of the constant opposition of the Doctors ¹ Wagstaffe, ² Blackmore, ³ G. Douglas, and Freind ⁴, physicians of great ability, who condemned it. It is certain, that it was become pretty common before the year 1728: but it is admitted, without any cause being assigned, ⁵ *that it was suspended, and, as it were, forgot from that time to 1743.* It is indeed added, that it is *revived, since, not to undergo again a similar fate.*

Attempts have been made to gain a just knowledge of this practice, in all the countries of Europe: and care has been taken to examine into the proofs that have been made of it, in some. In France particularly, nothing has been neglected to procure it to be adopted. But in spite of all the zeal, which has been

rum Lipsiensia Ann. 1714. p. 382. that this treatise was printed at Constantinople in 1725: but that is not clear.

¹ Letter from doctor William Wagstaffe to Dr. Freind, printed at London, 1721.

² Collection of pieces concerning inoculation, p. 175.

³ Ibid. p. 285.

⁴ Freind's History of Medicine, Part III. After having represented

John Gaddesden, an old English physician, as an empiric, he adds, *that if he had lived in our days, he does not doubt, but that he would have been at the head of inoculators*; which shows the notion he entertained of those of his own time.

⁵ Collection of pieces concerning the inoculation for the small-pox. Printed at Paris, 1756, in 12^o. p. 135.

exerted,

exerted, and all the application that has been made, to manifest the good success, it has not hitherto made a great progress.

After having displayed the facts, it is the next business to form some judgment on them: but the question is not yet sufficiently cleared up, and I conceive the most proper measure is to relate succinctly the reasons advanced on both sides.

The inoculators say, that of the patients, who are attacked with the small-pox in the natural way, there dies one in fourteen, or seven in a hundred; and that those who escape are generally disfigured: from whence they infer, that there should be no hesitation made to submit to inoculation; since there is a certainty of avoiding, by this means, death, or deformity. This is the only argument urged in favour of inoculation: and it must be allowed, that a stronger, and more persuasive, can scarcely be alledged: for what is more dear than life and beauty?

But the anti-inoculators answer, 1°. That there is, on one hand, an exaggeration of the number of those who die of the small-pox taken in the natural way, at least with regard to more temperate countries, such as England, where, *annis communibus*, there does not die one in thirty, and sometimes not so many. They add, moreover, that the comparison, which is made, is not just: because the subjects chosen for inoculation are healthful, young, and well prepared, in whom the disease is slightly dangerous: whereas in the estimation, respecting the small-pox in the natural way, all are taken into the account, of whatever age, or constitution, they may be; or however ill prepared: which, therefore, leaves no room to wonder that there should more die.

2°. On the other hand, the danger of inoculation is concealed, of which it is certain, that some die, in spite of all the care, that can be taken to practise it

¹ See what Dr. Jurin recommends, *Collection*, page 91, and *ibid.* page 224, and the following. *the following*: and also what Mr.

Ranby, the surgeon, proposes, *ibid.* page 224, and the following.

only on young subjects, and such as are prepared with due caution. Dr. Jurin, a zealous advocate for inoculation, allows ¹ himself, that it amounts to two or three in the hundred: and he is accused of having diminished the number.

3°. They are of opinion; that the apprehension of this danger should suffice to dissuade discreet parents from exposing their children to the hazards of inoculation; that is to say, to an operation, of which there dies at least two in a hundred, to avoid a disease remote, uncertain, and which, perhaps, they may never have: and from which, half mankind may, with some precautions, exempt themselves.

4°. But it is at least, say they, necessary, before any person undergoes inoculation, to be very certain, that it prevents the danger of having the small-pox in the natural way. The friends of inoculation affirm it: but the others maintain the contrary ² strenuously; and they bring instances of a great number of particular facts, which it is difficult to deny. The friends of inoculation, also, begin to give way, when it is offered to them, to inoculate again in their presence, those whom they themselves have already inoculated. And in effect when it is certain ³, that the small-pox has been sometimes had in the natural way more than once, what reason can there be, why it should not be had more than once by inoculation?

5°. The opposers to inoculation add, that in inoculating the small-pox, there is a hazard of inoculating the *scrophula*, tetters, the scurvy, and the venereal

¹ Relation of the success of inoculation in the *Collection* above quoted, pag. 98.

Ibidem, pagg. 132, 133.

Ibid. Letter of M. Jurin to M. Cotesworth, pag. 50. *du Recueil*.

² Mr. Kirkpatrick, in *The Analysis of Inoculation*, printed at London, in 1754, agrees, that there are six instances alledged of inoculated persons, who have had

the small-pox again. He disputes three of them, and denies the other three. See the *Collection* before quoted, page 255.

³ Dr. Jurin grants, that Mr. Isaac Massey, an apothecary, had assured him, that he had seen an instance, page 84, of the *Collection*, and that he is obliged to quote several.

disease; if unluckily the *pus*, or pustules, should be taken from a person infected with any of these diseases. If the leven of the small-pox put into the wound produces the small-pox, why should not the scrophulous, tetters, scorbutic, or venereal levens, produce, in the same manner, the *scrophula*, tetters, scurvy, or venereal disease? They do not confine themselves to meer presumption, they alledge cases very circumstantial, where it has happened, that, thinking only to inoculate the small-pox, some of these other diseases also have been inoculated.

6°. In short, they maintain, that this inoculated small-pox is not the true kind, ¹ that it resembles more the itch, than that disease: that there are scarcely any pustules, which suppurate; and that the *pus* of those, which do suppurate, cannot be used for a fresh inoculation: which proves, that it is not the true matter of the small-pox, nor proceeding from that disease: from whence they held, that there is reason to conclude, such a disorder cannot be any security against having the true small-pox.

I do not know whether all these reflections have had their due weight at Paris. But I have seen a conjuncture very favourable to inoculation, and where there was reason to believe it would greatly prevail. Its well-wishers were sensible of the advantages of this crisis; and neglected nothing to take the benefit of those circumstances. But their hopes quickly vanished: and this miscarriage will probably be fatal to inoculation here: for when novelty has failed to procure partisans; and when reason has had time given to it to examine, weigh, and judge, the establishment of this practice appears to be in danger of not taking place.

Ann. Dom. 1650.] JACOB PRIMROSE, of Scotch original, born at Bourdeaux.

¹ Nothing more is requisite, which the inoculators themselves than to consult the description, give of the small-pox.

De Morbis Mulierum & symptomatis Libri V. in quibus plurimi tum Veterum, tum Recentiorum errores breviter indicantur & explicantur. Roterodami, 1655, in 4°.

Ann. Dom. 1660.] PETER MICHAEL OF HEREDIA, professor of physic in the university of Alcalá de Henarez, for twenty-five years, was nominated by Philip IV, king of Spain, to be his first physician. He died in 1663. Peter Barca, of Astorga, professor of physic at Alcalá, who had been his pupil, collected his works; and published them at Lyons, in 1665, in one volume in folio, divided into four books.

There is, in the fourth volume, a considerably long treatise, *De Muliebribus Morbis*: but I have found nothing in it, that should induce any one to read it. This author follows still the method of the Arabians; and does not appear to have profited of the improvement, which medicine had received since the works of the Greek physicians were become common. This is a proof, that, in that age, the new discoveries were slowly carried into Spain.

Ann. Dom. 1667.] ANTHONY MENJOT, of Paris, studied physic in the faculty of Montpellier, where he took his degrees in 1636. He came afterwards to practice physic at Paris, with the office of physician to the king; and died there before 1697, aged more than eighty years.

He has composed several dissertations: among which are some on the diseases of women; as *De Furore Uterino*, in the first part: *De Picâ*, in the second: and *De Sterilitate*, in the third. But these dissertations contain only pathologic reasonings, without prognostic, or method of cure.

Ann. Dom. 1667.] FRANCIS DE LA BOE, *Sylvius*, born at Hanover in 1614, went to take his degrees at Basil in 1637: and, at his return, practised physic some time at Hanover and Amsterdam: from whence he was called, in 1652, to Leyden, to fill the office, which the death of Albert Kyper made vacant in that university. He died in this employment, in 1672.

This physician had great reputation in his life-time: but his works have not much at present.

There were published, after his death, four volumes in 12°, on diseases: of which the third volume bears this title;

Praxeos Medicæ Liber tertius. De affectionibus generationi hominis dicatas functiones læsas vel constituentibus, vel producentibus, vel consequentibus. Amstelodami, in 12°, 1674.

In this treatise, there are only ten chapters on the diseases of women, and principally on those, which relate to conception, pregnancy, delivery, and the milk. The theory is not well explained, nor at all accurate: and as to his practice, it is too heating, and prescribes too many aromatics: but it was suitable to the countries where Sylvius practised.

It may be easily judged, that these four books have been inserted in the collection of his works *in folio*: and that they make the principal part of them.

Ann. Dom. 1667.] THOMAS WILLIS, an English physician, born in 1620, took the degree of doctor of physic in the university of Oxford; and, some time after, was there professor of natural philosophy. Having been called to London, in 1667, he fixed there: and soon acquired a great reputation. He died in 1677.

He published, at Oxford, in quarto, in 1667, a treatise, intitled, *Pathologiæ cerebri & nervosi generis Specimen, in quo agitur de Morbis Convulsivis, & de Scorbuto*: where he advanced, that convulsive diseases came from heterogeneous and explosive parts, mixt with the animal spirits; which caused irregular explosions in the parts, where they were carried; and produced convulsions, and convulsive motions.

Highmore, who had before written on this subject, and to whom this new theory did not appear well founded, undertook to oppose it, in a dissertation published in 1670, which will be spoken of in the following article: and Willis answered this dissertation the same year by that which follows,

Affectionum

Affectionum hystericarum & hypochondriacarum Pathologia spasmodica vindicata contra Responsionem epistolarem Nathanaelis Highmori, M. D. Londini, 1670, in 8°.

The subject of this dispute will be displayed in the following article.

Ann. Dom. 1670.] NATHANAEL HIGHMORE, of Oxford. This physician published, in 1660, at Oxford, a treatise in 12°, intituled,

Exercitationes duæ, quarum prior de Passione Hystericâ, altera de Affectione Hypochondriacâ.

Which engaged him, in order to refute the notion, that Willis advanced on this disease in 1667, to give the following dissertation;

De Passione Hystericâ & Affectione Hypochondriacâ, Responsio epistolaris ad D. Willisium. Londini, 1670, in 4°.

In this dissertation, Highmore declared against what Willis had said in his Pathology, on the cause of hysterical, and hypochondriac affections. According to Willis, the cause of these diseases was in the brain, which afforded, and in the nerves, which conveyed the animal spirits, elastic, and charged with heterogeneous, and explosive parts, capable of producing the convulsions, and convulsive motions, which happen in these diseases. Against this hypothesis, Highmore published the letter mentioned above, where he attempts to prove, that these diseases proceed only from subtile, elastic, easily rarefied (*flatulento*) blood; which is accumulated in the lungs, and the ventricles of the heart; and causes suffocations, and oppressions of the heart: which he says are the principal symptoms of these diseases. I interest myself but little in this dispute: because I believe, that these diseases come from a cause intirely different.

Ann. Dom. 1676.] MARY MEURDRAC.

Mitleidende und leichte Chimie vor das Fravenzimmer und deren Kranckheiten, aus dem Frantzæsischen ins Teutsche ubersetzt von I. L. M. C. Franckfurt, 1676, in 12°.

That is to say, *Chemistry made easy; and suited to the ladies and their disorders; translated from the French*, by I. L. M. C. Francfort, 1676, in 12°.

I know only the title of this book, any more than of the other German treatises, which I shall mention below, and for that reason I can say nothing as to their contents.

Ann. Dom. 1677.] HENRY CELLARIUS.

Vermeinte Mutter-Beschwehrung. Halberstadt, 1677. in 12°.

That is to say, *The pretended exulceration of the uterus*. Halberstadt, 1677, in 12°.

Ann. Dom. 1678.] PAUL DE SORBAIT, of Hainault, professor of physic at Vienna in Austria for twenty-four years, and physician to the empress Eleonora, widow of the emperor Ferdinand III, ¹ died in 1691.

Praxis Medica septem Tractatibus comprehensa. Viennæ Austriæ, 1680, in folio.

In the first of these treatises, which contains eighty-six chapters, the author speaks of the diseases of women, in the thirteen last.

Ann. Dom. 1680.] PHILIP GEORGE GRULING.

Von Weiber-Kranckheiten. Frankfort, 1680, in 4°.

That is to say, *Of the diseases of women*. Frankfort, 1680, in 4°.

Ann. Dom. 1682.] MICHAEL ETTMULLER, of Leipzig, doctor and professor of physic in the faculty of that city, lived only thirty-nine years, being born in 1644; and dying in 1683.

George Francus, professor in the same university, collected the works of Ettmuller; and published them at Francfort, in two volumes, *in folio*, in 1688; and Peter Chauvin, physician at Lyons, had them reprinted in 1690.

There is in this collection, intitled,

Collegium practicum speciale de Morbis Virorum, Mulierum & Infantium.

The part, which relates to the diseases of women, is contained in ten chapters, almost intirely designed to treat of conception, pregnancy, and delivery.

¹ In Catalogo Curiosorum Germaniæ, præfixo Volum. I. Ephemerid. Anni 1727.

Ann. Dom. 1682.] THOMAS SYDENHAM, of Dorsetshire in England, born in 1642, doctor of physick of Cambridge, went to fix at London, in 1661, where he practised physick with much reputation. He died in 1686.

There is, among his works, which have been printed several times, a dissertation, in form of letter, addressed to William Cole, doctor of physick,

De Observationibus nuperis circa curationem variolarum confluentium, necnon de Affectione Hystericâ.

In the last part of this dissertation, the author first confounds with Willis the hysteric disorder of women, with the hypochondriac of men. 2°. He pretends, by adopting the hypothesis of Willis, that these two diseases proceed from an improper state of the animal spirits, which he calls *Ataxia*, of which he neither explains the nature, nor the causes, insomuch, that the word *Ataxia* resembles greatly the occult qualities. 3°. He recommends, for the cure of the hysteric passion, preparations of steel, chalybeate mineral waters, the Peruvian bark, opium, Spanish wine, or either alone, or in which gentian, angelica, or the zest of orange-peel, is infused; and particularly riding on horseback. He blames much the use of purgatives: below he afterwards recommends, nevertheless, all the common anti-hysterics.

What is most astonishing is, that he regards the tumefaction, dropsey, *steatoma* of the *ovaria*, and the hydatids; which are formed there, and which are often found in the bodies of women after they are dead; as consequences of the disease produced by the deposit of a humour that is thrown upon the part: whereas it is certain, that we ought to regard these disorders, as the causes of the disease itself.

Although this dissertation does not contain, as I believe, any just theory, the reputation of the author ought to induce every one to read it.

Ann. Dom. 1684.] JOHN GARMER, a physician of Hamburg.

Diatriba seu controversia cum Beckio de uteri procidentia, curis secundis auctior. Hamburgi, 1684, in 4°.

Ann. Dom. 1684.] JOHN DOLE'E, born at Geismar in Hesse, physician to the landgrave of Hesse-Cassel, of the academy *Curiosorum naturæ* in Germany, died in 1722, according to the catalogue of the members of that society, which is prefixed to the first volume, in 1627; but the date of it is not known.

Encyclopædia Medicinæ Theoretico-præcticæ, quâ tam veterum, quàm recentiorum, Paracelsistarum nempe, Helmontianorum, Willisianorum, Sylvianorum, Cartesianorum, de causis & curationibus Morborum sententiæ exhibentur. Additâ simul Authoris de his opinione. Unâ cum medicamentis Galenico-chymicis, ut plurimum ab ipso Authore experientiâ comprobatis. Francofurti, 1684, in 4°.

The fifth book of this *Encyclopædia* treats of the diseases of women in ten chapters. It is a compilation of several authors; and what is most extraordinary, of authors who have followed opposite systems: as of the Paracelsians, Helmontians, Willisians, Cartesianians, and scholars of Sylvius le Boe.

Another singularity is, the having coined names derived from the Hebrew or Greek; and having called the brain, *microcosmetor*; the heart, *cardimelec*; the stomach, *gasteranax*; and the orifice of the uterus, *spiritus plasticus*, or *janitor uteri*: which is a very vain ostentation of learning.

It may be esteemed a third singularity, that he has prefixed to this work Latin verses in honour of himself; some made by Michael Ettmuller; and others by Thomas Sydenham.

Ann. Dom. 1685.] NATHANAEL SPRYE.

Traëtatus de Fluxu menstruo. Patavii, in 8°, 1685.

This author pretends to explain the periodical return of the *menfes*, by the augmentation alone of the quantity, and motion of blood. It is true that he is of opinion, the structure of the uterus, which is spongy, as he pretends, contributes to it, on account that the blood's stopping in its *cellulae* opens at last a passage every

every month. The author endeavours to deduce, from this hypothesis, all the irregularities which happen to the menses.

Ann. Dom. 1686.] GAUTIER CARLETON, a physician at London.

Inquisitiones Medico-physicæ de causis Catameniorum, sive fluxûs menstrui; & uteri rheumatismo sive fluore albo. Londini, 1685, in 8°.

Ann. Dom. 1691.] JOHN NICHOLAS PFISER.

Von oler Weiber Nature, wie auch deren Gebrechen und Kranckheiten. Altdorf, 1691, in 8°.

That is to say, *Of the nature of Women, their infirmities, and diseases.* Altdorf, 1691, in 8°.

Ann. Dom. 1691.] JOHN GEORGE SOMMERS.

Weiber Pfleg-Buchlein, annectirt deren hebammen Schule. Rudelstadt, 1691, in 12°.

That is to say, *Custom of Women: to which is joined the school of deliveries.* Rudelstadt, 1691, in 12°.

Ann. Dom. 1694.] FRANCIS MAURICEAU, of Paris, an eminent surgeon and man-midwife, who died in 1709, has given some works relative to his profession.

Treatise on the diseases of pregnant and childbed women. Paris, 1694, in 4°.

He published afterwards two other treatises, under the title of *Observations on pregnancy, and the delivery of women*, in 4°, both at Paris: the one in 1694, and the other in 1708.

Mauriceau wrote without order or method; and is a very unfaithful guide, when he concerns himself with reasoning. But as he had experience, there are, in his books, facts respecting practice, which merit to be considered.

Ann. Dom. 1695.] BERNARD CONNOR, an English, or Irish man, ¹ studied physic at Montpelier about the year 1690; and perhaps took his degrees there. He came afterwards to Paris, where he was admitted to the royal chamber, which subsisted then: on which account, he assumed the title of *è Regiâ Cameræ Parisi-*

¹ *De Antris lethiferis, pag. 19.*

ensis Societate. During the time he stayed there, ¹ he had an opportunity of seeing a skeleton composed of *vertebræ*, ribs, *os sacrum*, and *os innominatum*, formed of one sole intire bone. He saw there, also, in the body of a woman, whom he opened, ² a very large *sarcoma*, that filled, and distended the *uterus*; which came in consequence of the kick of a foot on the hypogastric region. He went from thence to Italy, where he had the opportunity of observing the grotto *del Cane*; and the eruption of mount Vesuvius, which happened in 1694. On his return to England, he collected the dissertations, which he had composed, on these four subjects; and made one volume of them, which he published under the following title;

Dissertationes Medico-Physicæ.

De Antris lethiferis.

De montis Vesuvii incendio.

De stupendo ostium coalitu.

De immani Uteri Sarcomate. Oxonii, 1694, in 8°.

There is another work of the same author, intituled, *Evangelium Medici, sive Medicina Mystica, De suspensis naturæ legibus, sive de miraculis, reliquisque εν τοῖς Βιβλίοις memoratis, quæ medicæ indagini subjici possunt.* Londini, 1697, in 8°.

Ann. Dom. 1696.] PHILIP FRAVENDORFFER, born at ³ Königswissen in high Austria, provincial physician of Moravia, living at Brion, of the academy *Curiosorum*, &c. of Germany, and ⁴ died in 1697.

De morbis mulierum. Noribergæ, 1696, in 12°.

Ann. Dom. 1700.] CHRISTOPHER HELLWIGS.

Fravensimmer Apothecægen. Leipzig, 1700, in 12°.

That is to say, *Pharmacy in small for Women.* Leipzig, 1700 in 12°.

Ann. Dom. 1700.] CHRISTIAN JOHN LANGIUS, born at Pegau in Saxony, in 1655, doctor and professor of physic in the faculty of Leipzig, died in 1701. His

¹ Dissert. *De Stupendo ostium coalitu*, pag. 4.

² Dissert. *De immani uteri sarcomate*, pag. 38, 39.

³ In Catalogo præfixo Vol. I. *Actorum Acad. Natur. Curiosor.*

⁴ *Ibid.*

works were collected, and published at Leipzig, in 1704, in two volumes, in folio, by Augustus Quirinus Rivinus, professor of pathology and botany in the same faculty.

This collection is intitled,

Christiani Johannis Langii.

Opera omnia medica theoretico-practica.

There is in this collection, a treatise, intitled, *Praxis medica Langiana*, where the author, in the twenty-fourth chapter, speaks *de morbis sequiori sexui tantum familiaribus*, in four small paragraphs, in such manner, that it is only a very short, and very useless *compendium*.

There is joined to this collection, the academical *theses* of the author; which are a third part of it. There are some *on barrenness, the suppression of the menses, and the diseases of virgins and pregnant women*: in which the matter is a little better discussed.

Ann. Dom. 1703.] JOHN FREIND, a physician of London, of the Royal Society, died in 1729. This author is known from several works: but we shall speak here only of the following:

Emmenologia, in quâ fluxûs muliebris menstrui phænomena, periodi, vitia cum medendi methodo ad rationes mechanicas exiguntur. Oxoniæ, 1703, in 4°.

This author allows only two causes of the *menses*; the *plethora* of blood, which is accumulated every month in the vessels of women; and the peculiar largeness of the arteries which go to the *uterus*, and are distributed there: and he is of opinion, that this is sufficient to determine, every month, the evacuation of this *plethora* by the *uterus*: which occasions the *menses*.

Ann. Dom. 1705.] JOHN DOMINIC SANTORINI, professor of physic, and demonstrator of anatomy, at Venice.

Opuscula Medica de structurâ & motu fibræ, De nutritione animali, De hæmorrhoidibus, De Catameniis. Venetiis, 1705, in 8°.

We shall only speak here of the last of these dissertations. The author, after having remarked, sect. 1, that

that it is difficult to assign a reason for the course of the *menfes*, affirms, sect. vii, that they depend on three causes: a true or apparent *plethora*; the particular distribution of the vessels in the *uterus* and *vagina*; and the action of the seed on the whole system of spirits, *per totam spirituum systasim*: but he by no means explains this last cause well.

This work of Santorini was reprinted at Rotterdam, in 1719, in 8°.

Ann. Dom. 1708.] HERMAN BOERHAVE, born at Voorhoot, near Leyden, in 1668, professor of physic in the university of that city, member of the Academy of Sciences at Paris, and of the Royal Society at London, and a physician of great eminence, which he supported by his works. He died in 1738.

Aphorismi de cognoscendis & curandis morbis. Lugduni Batavorum, 1708, in 8°.

This treatise is a very short *compendium* of medicine, which comprehends only a certain number of diseases: but a *compendium* made by Boerhave; and therefore excellent. There are only four chapters on the diseases of women, under the following titles: *Morbi Virginum*; *Morbi gravidarum*; *Partus difficilis*; *Morbi Puerperii*: in which he does nothing, but point out the principal facts, that he explained afterwards to his pupils at large.

Ann. Dom. 1708.] JOHN GABRIEL RODOLPHUS.

De iis, quæ sunt observanda in mulieribus largiter menstruatis. Lugduni Batavarum, in 8vo, 1708.

Ann. Dom. 1712.] PETER FRESART, a physician at Liege, author of the following tract:

Emmenologia, in quâ fluxûs muliebris menstrui phænomena, periodi, vitia, cum medendi methodo ad rationes Medico-Physicas exiguntur. Leodii, in 12°, 1712.

The author first treats of the cause, which produces menstruation; and afterwards explains the irregularities of the *menfes*, which are as so many particular diseases, for which he points out the remedies, that he judges most proper.

According to him, the *menfes* are a fermentation, or uterine leven, which gathers in the *uterus*; ferments there every month; and, by that means, excites the eruption of the *menfes*. I imagine the author took up this hypothesis in the faculty of Montpellier, where he studied; and that he learnt it of Mr. Chirac, who taught it; and of whom he speaks ¹ with applause.

Ann. Dom. 1715.] ANONYMOUS.

Nouveaux secrets pour guérir plusieurs sortes de Maladies des Dames, tirez des Mémoires de M. Digby.

A. la Haye, 1715, in 8°.

That is to say, *New secrets for the cure of several kinds of diseases of women, taken from the memoirs of Mr. Digby.* At the Hague, 1715, in 8°.

The little dependance, which such collections merit, is obvious.

Ann. Dom. 1715.] JOHN ANTHONY TERENCEZONI, professor of physic at Pisa.

De Morbis Uteri. Lucæ, 1715, in 4°.

Ann. Dom. 1717.] JOHN GOLDHAMMERS.

Compendioſer Weiber und Kinder Artz. Muhlhausen, 1717, in 12°.

That is to say, *A compendium of physic for women and children.* Muhlhausen, 1717, in 12°.

Ann. Dom. 1721.] GASPAR SCHROTTERS.

Jungfern Weiber und Kinder Apothekgen. Franckf. 1721, in 8°.

That is to say, *Apothecary's shop for girls, women, and children.* Franckfort, 1721, in 8°.

Ann. Dom. 1722.] HENRY VAN SANDEN.

Obſervatio de prolapsu uteri inverſi. Regiomonti, in 4°, 1722.

Ann. Dom. 1724.] GEORGE ERNEST STAHL, of Hall, born in 1660: aulic counſellor, and firſt phyſician, to Frederic, king of Prussia; of the ſociety *Cu-rioforum*, &c. of Germany; profeſſor of phyſic in the univerſity of Hall; died ² in 1734; aged ſeventyfive years.

¹ Pag. 81, & 242.

functor. præfixo Volum. IV. Ephemerid.

² In Catalogo Academicor. de-merid. Germanicar.

I know of some *theses* of this professor on several diseases of women, which the merit of the author engages me to point out; even though I had no design to enumerate any.

Dissertatio inauguralis Medica, De mensium Muliebrium fluxu secundum naturam, & suppressione præter naturam.

Respondente Joh. Georgio Brebiss, Curia-Varisco. Hallæ Magdeburgicæ, 1694, in 4°.

Propempticum inaugurale, De fluxûs muliebris, quatenus menstrui, causâ. Hallæ Magdeburgicæ, in 4°, 1702.

Disputatio inauguralis Medica, De mensium insolitiis viis.

Respondente Georg. Frider. Jaschëtke, Stroppa-Silesio. Hallæ, 1702, in 4°.

Dissertatio Medica inauguralis, De Puerperarum affectibus.

Respondente Joachim Cober, Pritz-walcens-Marchico. Hallæ, 1704. in 4°.

Dissertatio Medica inauguralis, De affectibus gravidarum.

Resp. David Dittman, Vilna-Lithuanico. Hallæ, in 4°, 1708.

Dissertatio inauguralis Medica, De sterilitate foeminarum.

Resp. Gottfried Wilhelmi, Havelb-Marchico. Hallæ, 1711, in 4°.

Stahl published, also, the following treatise in German,

Von den Zufallen und Kranckheiten des Fravenzimmers. Leipzig, 1724, in 8°.

That is to say, *Of the accidents and diseases of women:* at Leipzig, 1724, in 8°.

Ann. Dom. 1730.] LE TELLIER, the son.
Réflexions critiques sur l'Emmenologie de M. Freind.
Paris, 1730, in 8°.

There have been many treatises on the œconomy of the *menfes*; but it is not extraordinary: the explanation of menstruation is, as it were, the key to the explanation

planation of the diseases of women: and it cannot be hoped, either to lay down just *rationalia*, or establish a proper method of cure of them, without having displayed the true cause of the *menfes*: which is requisite for determining the state of the *uterus*, in each irregularity, which comes upon them.

Ann. Dom. 1732.] ANTHONY CELESTINUS COCCHIUS, professor of botany in the college of Rome.

De immani hysterico affectu, inter Epistolas Physico-Medicas. Parisiis, 1732, in 4°.

Ann. Dom. 1734.] JOHN AUGUSTUS OEHEMENS. *Erofnete Geheimnisse der natur und cur eines Maladen Fravenzimmers.* Leipzig, 1734, in 4°.

That is to say, *The secrets of nature, and of the cure of a sick Lady, discovered.* Leipzig, 1734, in 4°.

Ann. Dom. 1755.] GEORGE PHILIP NENTER, a physician at Strasburg.

Fundamenta Medicinæ theoretico-practica, secundum celeberrimi D. D. Stablii potissimum, aliorumque celebriorum Medicorum placita conscripta, & propriâ experientiâ confirmata, in formâ Tabularum. Vene-tiis, in folio, 1735.

There is in the part of this work, called *Praxis specialis*, divided into eight books, two places, where the author speaks of the diseases of women. 1°. In the first book, in chapters VIII. IX. X. and XI. where the *menfes*, *lochia*, and their irregularities, are spoken of. 2°. In book VII, where five sections are employed to treat, *De morbis imprægnandarum*; *De affectibus imprægnatarum*; *De affectibus parturientium*; *De affectibus puerperarum*; *De lactantium affectibus*. But this manner of treating of medicine by tables makes only a very superficial work.

Ann. Dom. 1740.] FREDERIC HOFFMAN, born at Hall, near Magdebourg, in 1660, studied phyfic in the university of Iene; and there took the degree of doctor, in 1681. He was nominated, in 1693, professor of phyfic in the university of Hall; which Frederic III, elector of Brandenburg, and first king of Prussia, founded the same year: and continued in

this office till his death; acquiring great reputation in it; and doing great honour to the new-established university.

The brothers de Tournes, booksellers at Geneva, desirous to make a compleat edition of his works, which had been printed separately at Frankfort, Venice, and Basil, applied to Hoffman himself, who approved of their design; and furnished them with part of his works. This collection appeared, in 1640, and had the approbation of the author. It formed three large volumes, *in folio*, that contain six books. The same de Tournes reprinted them, in 1748.

It was then a very voluminous compilement for a course of medicine, though not yet complete: but it is become much larger since the author's death. There were printed, in 1754, three other volumes, still bigger; in which were put together academical *theses*, and consultations, from the collections which Hoffman made, as I imagine, in his youth, for his own information: in short, a great number of pieces, which he had laid aside; or which he had incorporated in his other works. In this measure, the editors of the supplement seem to have the profits of the booksellers much more in view than the honour of the author.

It is certain, that there are very good things in Hoffman: how could he otherwise have gained the reputation he has had: but it must be confessed, his style is loose; that he is diffuse; that he relates trivial things with great prolixity; and, in short, that he is guilty of repetition, even in the works where the impression has been approved by himself. For as to those, which have been published since his death, these faults are much more glaring.

Nevertheless, with all these defects, Hoffman merits to be ranked in the number of the best authors on medicine. It is true, if he be put in competition with the Greek physicians; it is not Hippocrates, but Galen, with whom he is to be compared. It can scarcely be doubted, but that Hoffman has spoken of the diseases of women in this vast compilation; but the places
must

must be searched for where it is done. For he has disposed his subjects in a manner wholly peculiar to himself.

Thus, I°. Vol. IV. There are found three centuries of consultations; among which there are several, that treat of the diseases of women, and the remedies proper for them: but they are only treated of on the supposition of a particular case proposed; and not by any general doctrine, which extends to all cases.

II°. Vol. III. He speaks, page 50, *De malo hysterico*; page 176, *De convulsione uteri, sive abortu*; page 311, *De cachexiâ & chlorosi*; page 348, *De cachexiâ uterinâ, sive fluore albo*: and treats more doctrinally of them.

III°. Lastly, in the second supplement, part II. page 389, there is an academic *thesis*, *De genuinâ chlorosis indole, origine & curatione*.

I shall not attempt to set forth, what Hoffman says on the greatest part of these articles. It is sufficient to observe, that, with regard to the hysterical passion, he rejects the opinions of Highmore, Sylvius, and Sydenham, who placed the seat of this disorder in the stomach, the *pancreas*, the mesentery, or the *vena porta*: and that of Pison, who placed it in the brain, or origin of the nerves; and that he himself places it, with the antients, in the *uterus*: that he affirms, this disorder proceeds from three causes; the supprest *menfes*; the supprest *lochia*; or the acrimony of the feminal humour: that he does not allow any other feminal humour, than the *ova* of the *ovaria*, which engaged him to attempt to explain how these *ova* break in the hysteric passion: and that he supposes, there arise, in this disease, from the *uterus*, malignant vapours, which, spreading themselves in the body, produce all the symptoms, that are observed.

Ann. Dom. 1743.] J. R—N, of London, doctor of physick.

A Treatise on all the Diseases incident to Women, by John Astruc, Physician to his present Majesty, &c. and Author of a Treatise on the Venereal Disease, translated from a manuscript copy of the Author's Lectures, read at Paris. London, in 8°, 1743.

This treatise has already been spoken of, in the preface of this work.

Ann. Dom. 1751.] RICHARD MEAD, born, in 1673, at Stepney, a little village near London, after having studied physic at Utrecht and Leyden, went to Italy; and was admitted doctor of physic at Padua. On his return to London, he practised physic with great eminence, in a manner that did honour to his profession: and died in 1754.

He published several works, which have been very well received by the public, and which merit to be so: but do not relate to the subject before us. We shall, therefore, only take notice of the last, which he published.

Monita & Præcepta Medica. Londini, 1751, in 8°.

This treatise is very instructive; but short: and contains only twenty-one chapters. Nevertheless, the author has appropriated one intirely to some diseases of women; and speaks in five sections,

- I. *De menstruorum suppressione.*
- II. *De immodico mensium fluxu.*
- III. *De fluoribus albis mulierum.*
- IV. *De morbo hysterico.*
- V. *De partu difficili.*

He confines himself to the giving, on each article, some practical advice, without any theory; and pointing out, in a few words, the remedies, which he had found succeed best. Thus he assures us, that black hellebore is the most efficacious medicine, which he has tried for bringing back the *mensēs*: and accordingly, he advises the giving, in this case, twice every day, in a glass of water, a little tea-spoonful of the *tinctura melampodii*, that is to say, of the root of black hellebore, prepared according to the *Pharmacopœia* of the College of London.

Ann. Dom. 1753.] JAMES LAZERME, doctor and professor of physic in the faculty of Montpellier, who died a few years ago, published, at Montpellier, in 1751, a *compendium* of medicine, under the following title,

Curationes

Curationes Morborum ex scriptis Jacobi Lazerme, Regis Consilarii & Professoris Medici Monspeliensis exceptæ. Monspeli, 1750, in 12°. Tom. I. p. 357. Tom. II. p. 303.

This work was translated a little time afterwards, and published in French at Paris, in two volumes, in the same manner, under the title of

Méthode pour guérir les Maladies, traduit du Latin de M. Lazerme. Paris, 1753, in 12°.

That is to say, *Method of curing diseases, translated from the Latin of Mr. Lazerme.*

The diseases are treated of very succinctly in this work: because it was proposed to treat of them all, except the venereal disease and gout. There is nothing to be found in it, however, but a vain collection of common trivial recipes, without any theory, which may enable the reader to discover the causes and seats of the diseases; the differences, which distinguish the kinds; the symptoms, that attend, or are consequent to them; and the signs, which give foundation to the prognostic, that may be made on them; and serve to determine the intentions of cure, which should be proposed to be effected.

These faults are particularly notorious in the tract on the diseases of women; in which there is not any explanation of the mechanism of menstruation; or the cause of the periodical return of the *menfes*: in which the excessive and supprest *menfes*, that is to say, the irregularities of the *menfes*, are spoken of, without having said what causes their regular course: in which it seems to be thought sufficient to give recipes for the *chlorosis*, and the hysteric passion, without saying a word of the causes which produce those diseases, so difficult to be explained: in which it is taught, that the *descensus* of the *uterus* proceeds from the relaxation of the ligaments; though the falsity of that opinion is demonstrable: and in which it is attempted to shew the treatment of the diseases of women, without mentioning a word of the structure of the parts to which they relate; nor of the nature of the functions, to which

those parts are appropriated in the state of health.

If it was the custom, in the most celebrated colleges, to give such instructions only to the pupils, there would be great reason to fear, that medicine would again fall into empiricism; and be confined to a meer rote: as in the second *epocha*. For it is, in this manner, the Gordons, Valescusses of Tarenta, and the Gerards de Solo, taught medicine then at Montpellier.

In general, there is reason to disapprove of all *compendiums* of medicine. They are useless for those who have knowledge: and they are injurious to the ignorant; on account that, after having studied them, they imagine themselves to know something, while, in fact, they know nothing. I shall except from the rigour of this sentence, only those which are written with art; in which are collected, in a few words, all the questions, that can be made on the subject treated of; and which a professor lays before his pupils, only to serve as a text to a more enlarged explanation, that must unravel the difficulties of it. Such are the excellent tracts of Boerhave: as his aphorisms *De morbis cognoscendis*; and more particularly his physiology.

In condemning *compendiums* of medicine, I do not mean to approve of those voluminous works, in which, what is useful and necessary in physic is confounded with, or, if I may use the expression, buried in, the infinity of indifferent, foreign, and useless things. That is another excess, which is not less blameable; and on which I have several times delivered my sentiments. But it is a just medium betwixt those two extremes, which able authors know how to chuse. *Est modus in rebus, &c.*

Ann. Dom. 1758.] GERARD FITZ-GERALD, an Irishman by origin, doctor and professor of physic in the faculty of Montpellier, died in 1748.

There was published, after his death, a treatise on the diseases of women, under the following title;

Traité des maladies des femmes, traduit du Latin de M. Fitz-Gerald, professeur de médecine en l'université de Montpellier, à Paris (à Avignon) in 12°, 1758.

That is to say, *A treatise on the diseases of women, translated from the Latin of Mr. Fitz-Gerald, professor of physic in the university of Montpellier.*

I do not know whether or no it is a translation, as the title signifies. The work is divided into two sections: the one on the chronical diseases of women, which contains eight chapters; and the other on the acute diseases of women, which contains the same.

In this work, the diseases of women are treated of a little more particularly, than in the preceding: because it is confined to them alone. But, in fact, the principles, opinions, and practice, are the same. It might be said, that medicine had undergone no improvement, for a hundred years, as these two works, composed at Montpellier in 1750, have nothing more in them than Riviere taught, in 1640, in the same university.

C O N C L U S I O N.

IT may be seen, by the history of the four *epochas* of medicine, of which we have spoken, that the fundamental system of this science has always been the same. To know, and distinguish diseases, and their different kinds: to establish the discoverable causes which produce them; or at least after which they commonly happen: to fix the views or intentions of cure, which should be proposed, in order to remedy them: and, in short, to chuse, among the known remedies, those that are most proper to effect the intentions; is what has always been, and ever will be, the immutable object of medicine.

I do not mean, that there have not been successively made, new discoveries of the structure of the parts: that the seat and nature of some diseases have not been better fixt: and that the knowledge of the greatest part of the immediate causes, which produce disorders, are not better understood. It must be allowed, these

discoveries have contributed to elucidate natural philosophy and medicine; to render the theory more true and instructive; and to furnish plausible reasons for several facts, that could not before be explained: but it must not be conceived, that they have made any change in the fundamentals of practice.

It is with juster ground, the new remedies which have been, and are, discovered every day, or the new qualities, which are distinguished in old medicines, as the virtue of resisting mortifications, ascribed to the Peruvian bark, may be alledged. But this objection, though more specious, because it regards the practice of medicine, is not more sound at the bottom.

The greatest part of these new remedies, which are boasted of, are in general owing to the vanity, interest, or prejudice, of some physician; to the artifice of some empiric; to some accidental cure of a considerable person; to the caprice of some leading women of high station; or to the force of fashion. They are at first brought into great vogue: but the illusion does not last a long time; and their common fate is to reflect disgrace on those who broached them.

But if there be any found, which are good and efficacious, as the Peruvian bark, and *ipecacuanha*, they are adopted with satisfaction, after being well proved; and they are ranked in the classes, to which they belong in the *materia medica*. There are new means of effecting, in some cases, the intentions of cure already known; or, in other words, new ways, which are opened to arrive more easily at the designed place. But, can medicine be taxed with inconstancy, when, adhering to its principles and maxims, it only takes advantage of the discoveries which are made, to execute them the better?

Give me leave to explain my notions, by the instance of some art relative to natural philosophy; for example, by the culture of fruit-trees, that makes an important part of agriculture. It has been always known, that the earth must be tilled, where they are to be planted, to render it light; and that proper manure must be put
into

into it; that the trees must be preserved from insects, which are hurtful to them; and that they must be covered as much as possible from the injuries of the air, and the barren and luxuriant branches carefully pruned, to strengthen those which bear fruit.

What changes have the new discoveries made in this culture? The structure of ligneous fibres; and the air-vessels, which are interwoven with them; the circulation of the sap; the uses of the pith and bark; and the nature of insects, which injure trees, and corrupt the fruit; have been found out. This conduces, without doubt, to adorn and elucidate the philosophy of the vegetation of trees; but makes no essential change with relation to their culture.

I will go further yet. More proper, more useful manures are found out; more certain means are known of destroying the insects, which are injurious to trees and fruit; and it has been learnt how to distinguish better the luxuriant branches, that should be pruned from the bearing branches, which ought to be preserved. I grant it. These are all so many means of effecting better the intentions, which have been always proposed in the culture of trees; but this makes no change in the maxims and rules that are followed in it.

It is the same with respect to medicine. If matters, that are foreign, are excepted, and the question be confined to what is essential, it will be found, that this science, which is charged with so much inconstancy, has never varied, as to its fundamental principles.

If Pliny had made these reflections, he would have formed a more equitable judgment on medicine; and would not wantonly have accused it of being the most inconstant of all the arts; '*nullam artium inconstantiore esse*. He would have comprehended, that since, according to his acknowledgement, the variations of the physicians of his age, of which he relates striking examples, came from the desire, they had,

¹ Histor. Natural. Libr. XXIX. §. I. edit. II. Harduin.

to acquire reputation by novelties, without troubling themselves about the harm they did their patients.

¹ *Nec dubium*, says he, *omnes istos famam novitate aliquâ aucupantes, animas statim nostras negotiari*; it was not medicine, which should have been reproached with the changes that offended him; but those who undertook to practise it, ² *non esse artis ista*, as he himself says, *sed hominum*.

It appears, that Pliny's censures fell only on empirics, who, by secret artifices, solicited protections, venal testimonials of success, and hired emissaries, sought at Rome, in his time, as is now done at Paris, to gain a reputation for remedies, that are new, but inefficacious, and perhaps dangerous. It is only of this kind of men Pliny could say, they traffic with our lives, ³ *animas nostras negotiari*.

¹ *Histor. Natural. Libr. XXIX.*
§. VII. pag. 497.

² *Ibid. §. V. pag. 495.*

³ *Ibid. §. VII. pag. 497.*

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